



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

William Loos, MD
Acting Senior Medical Officer

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.ladhs.org

*To improve health
through leadership,
service and education.*



www.ladhs.org

September 5, 2006

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors,

**APPROVAL OF REPLACEMENT AGREEMENT WITH
MOLINA HEALTHCARE OF CALIFORNIA**
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

Approve and instruct the Director of Health Services, or his designee, to sign a replacement Agreement, substantially similar to Exhibit I, with Molina Healthcare of California (Molina), under which the Department of Health Services will provide hospital and professional emergency, inpatient, and outpatient services to Molina's Medi-Cal Managed Care members at County hospitals, comprehensive health centers, and health centers, effective upon Board approval through June 30, 2008, with automatic annual renewals for three years through June 30, 2011, unless earlier terminated by either party with at least 90 calendar days written notice of non-renewal prior to the end of any Agreement year.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:

In approving this action, the Board is ensuring the continued provision of health care by Department of Health Services' (DHS or Department) facilities to Molina's Medi-Cal Managed Care members.

Implementation of Strategic Plan Goals

The action meets the County's Strategic Plan Goals of Fiscal Responsibility and Organizational Effectiveness by increasing revenue to DHS and increasing the utilization of DHS facilities.

FISCAL IMPACT/FINANCING:

During Fiscal Year (FY) 2005-06, DHS facilities collected approximately \$2.4 million under the existing Agreement with Molina for various dates of service. The recommended replacement Agreement will provide the

Department with the potential ability to increase its Medi-Cal Managed Care hospital revenue, which is critical to its mission of providing care to the indigent. The potential increase in revenue relates to the fee-for-service rate increases effective upon Board approval.

The Department will be reimbursed at fee-for-service rates.

The reimbursement rates are on file with DHS and kept confidential in accordance with Health and Safety Code Section 1457. The rates have been shared with each Board Office, the Chief Administrative Office, and County Counsel.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On November 16, 1995, the Board approved Agreement No. H-205093 with Molina, effective upon Board approval and continued thereafter with automatic renewals for successive one-year periods, under which DHS provided primary, hospital and professional emergency, inpatient, and outpatient services to Molina's Medi-Cal Managed Care members. The Department was reimbursed at fee-for-service rates since no Molina members were assigned to DHS facilities.

Effective upon Board approval, the recommended Agreement with Molina provides the following: a) DHS facilities will provide all covered services to Molina's Medi-Cal Managed Care members on a fee-for-service basis; b) fee-for-service rates will be increased; c) Molina will not compete with DHS' Community Health Plan (CHP) as the Community Provider Plan in Los Angeles County without prior written consent of the County (CHP has been designated by the State's Managed Risk Medical Insurance Board as the Community Provider Plan since the inception of the program in 1998); and d) the termination provision for prior written notice has been increased from 60 days to 90 days.

Attachment A provides additional information.

County Counsel had approved Exhibit I as to use and form.

CONTRACTING PROCESS:

DHS facilities are the service providers under this Agreement, so it is inappropriate to advertise this Agreement on the Los Angeles County Online Website.

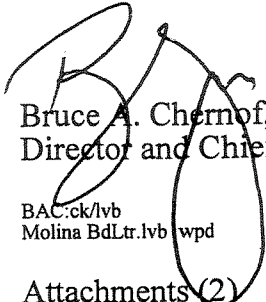
IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the Agreement will maximize revenue to DHS for Molina's Medi-Cal Managed Care members who utilize DHS facilities.

The Honorable Board of Supervisors
September 5, 2006
Page 3

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:ck/lvb
Molina BdLtr.lvb wpd

Attachments (2)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervision

SUMMARY OF AGREEMENT

1. TYPE OF SERVICE:

The Agreement allows Molina Healthcare of California to refer its Medi-Cal Managed Care members to Department of Health Services' facilities for the provision of hospital and professional emergency, inpatient, and outpatient services.

2. AGENCY NAME AND CONTACT PERSON:

Molina Healthcare of California
One Golden Shore Drive
Long Beach, California 90802
Attention: John C. Molina, J.D., President
Telephone: (562) 435-3666

3. TERM:

The Agreement is effective upon Board approval through June 30, 2008, with automatic annual renewal for three years through June 30, 2011, unless earlier terminated by either party with at least 90 calendar days written notice of non-renewal prior to end of any Agreement year.

4. FINANCIAL INFORMATION:

County will be reimbursed on a fee-for-service basis.

5. GEOGRAPHIC AREAS SERVED:

All areas.

6. ACCOUNTABLE FOR MONITORING AND EVALUATION:

DHS Facility Administrators.

7. APPROVALS:

Clinical and Medical Affairs: -John Cochran, III, Chief Deputy Director

Contracts and Grants: Cara O'Neill, Chief

County Counsel: Robert E. Ragland, Senior Deputy Counsel

**MOLINA HEALTHCARE OF CALIFORNIA
MEDI-CAL MANAGED CARE PROGRAM
PARTICIPATING HOSPITAL
AGREEMENT**

For

**COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES**

**Molina Healthcare of California
Hospital Agreement
With County of Los Angeles
Department of Health Services**

THIS AGREEMENT ("AGREEMENT") is made and entered into on the date executed by the County Board of Supervisors, and is between Molina Healthcare of California ("Plan") and the County of Los Angeles on behalf of its Department of Health Services and its hospital system ("Hospital").

RECITALS

The parties are entering into this Agreement on the following premises:

Plan is a California corporation organized to provide or arrange for health care services on a prepaid basis. Plan is licensed under the California Knox-Keene Health Care Service Plan Act of 1975 (the "Knox-Keene Act") as a full-service health care service Plan (HMO), to provide, arrange and pay for certain Inpatient and Outpatient services for Medi-Cal beneficiaries under the Medi-Cal Two Plan Model Program and enrolled with Plan pursuant to a contract with the Los Angeles County Commercial Plan ("HCP Contract").

Hospital has as its primary objective the delivery of professional and general acute Inpatient and Outpatient health care services, all of which are duly licensed by the State of California Department of Health Services ("SDHS"). Hospital desires to participate in the Plan network of health care providers which is offered to Medi-Cal Managed Care Members. The Hospital facilities to be covered under this Agreement are listed in Schedule "B", attached hereto and incorporated herein by reference.

Plan and Hospital deem it in their respective best interests to enter into this Agreement.

This Agreement supercedes and replaces the Agreement entered into between Plan and Hospital on November 16, 1995.

This Agreement shall be subject to review and approval by SDHS, and by the California Department of Managed Health Care ("DMHC") pursuant to the Knox-Keene Act.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

I. DEFINITIONS

Terms used throughout this Agreement are defined as follows:

Affiliate(s) - A corporation or other organization owned or controlled, either directly or through parent or subsidiary corporations, by Plan, or under common control with Plan.

Agreement Year - A period beginning at 12:01 a.m. on the effective date of the Agreement and ending at midnight on June 30 of the following year. For any subsequent year the Agreement Year shall mean a period beginning at 12:01 a.m., July 1 and ending at midnight on June 30 in the following year.

Authorization - The procedure for obtaining Plan's prior approval or otherwise notifying Plan in advance for all Covered Services, except for services rendered with respect to an Emergency.

Benefits - Those health care services for the Plan's Member which the Plan is required to provide, arrange or pay for pursuant to the terms of the applicable Health Services Contract.

Contractholder - That entity with which Plan has a Health Services Contract.

Covered Services - The hospital and professional services described in Schedule "A" which are covered by the applicable HCP Contract and which Hospital agrees to make available to Members in accordance with this Agreement.

Date of Payment - Date of delivery by Plan to Hospital of payment for Covered Services.

Day of Service - A measure of time during which a Member receives Covered Services and which occurs when a Member occupies a bed as of 12:00 midnight or when a Member is admitted and discharged within the same day, provided that such admission and discharge are not within twenty-four (24) hours of a prior discharge.

Director - The Director for the County's Department of Health Services who shall himself or through an authorized designee, administer this Agreement on behalf of Hospital.

Emergency - Those conditions defined in Health and Safety Code section 1317.1, as amended, including, but not limited to, a medical condition manifesting itself by acute symptoms of sufficient severity (including, without limitation, severe pain) such that a

prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate medical attention would result in:

- (1) Placing the patient's health in serious jeopardy,
- (2) Serious impairment to bodily functions,
- (3) Other serious medical consequences, or
- (4) Serious and/or permanent dysfunction of any bodily organ or part; or
- (5) With respect to a pregnant woman who is having contractions:
 - (i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

The definition of Emergency shall also include those conditions as defined in Title 42 of the Code of Federal Regulations section 489.24(b), as amended.

Emergency Services and Care - Medical screening, examination, and evaluation by a physician, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician, to determine if an Emergency exists or active labor exists, and if it does, the care, treatment and surgery by a physician necessary to relieve or eliminate the Emergency, within the capability of the facility. Except as set forth below, Emergency Services and Care also means an additional screening, examination, and evaluation by a physician, or other personnel to extent permitted by applicable law and within the scope of licensure and clinical privileges, to determine if a psychiatric emergency exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency, within the capability of the facility, and as set forth in Section 1317.1 of the Health and Safety Code, as amended. Emergency services and care does not include those psychiatric services that are not Covered Services under the Health Services Contract.

Health Services Contract - The contract between Plan and the Contractholder that establishes the Benefits that Members are entitled to receive from the Plan.

Hospital Services - Those inpatient and outpatient services provided by a hospital, or other facility as appropriate, which are covered by the Health Services Contract and offered pursuant to and consistent with the license, certification, or accreditation of facility and as set forth in Schedule "A" attached hereto and incorporated herein.

Inpatient - A person admitted to a hospital as a registered inpatient with the expectation that he or she shall receive care overnight in an acute bed.

Medically Necessary - Services or supplies which, under the provisions of this Agreement, are determined to be:

- (1) Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition, and
- (2) Provided for the diagnosis or direct care and treatment of the medical condition, and
- (3) Within standards of good medical practice within the organized medical community, and
- (4) Not primarily for the convenience of the Member, the Member's physician or any other provider, and
- (5) The most appropriate service or supply which can safely be provided.

Member - A person who satisfies the eligibility requirements of the HCP Contract, who is enrolled in and accepted by Plan.

Outpatient - A person receiving medical care, under the direction of a Plan Provider, but not as an Inpatient.

HCP - The applicable Plan Medi-Cal Managed Care program.

Physician - A person licensed to practice as a physician or surgeon in the State of California.

Plan Hospital - A hospital licensed under applicable state law, contracting with Plan specifically to provide Hospital Services to Members.

Plan Provider - A Provider who has agreed to provide certain services which are Plan Benefits to Members in accordance with the Provider's agreement with Plan or with another Plan Provider ("Plan Provider Contract").

Primary Care Physician (PCP) - A general practitioner, board-certified or board-eligible family practitioner, internist, obstetrician-gynecologist or pediatrician who agrees to provide primary care Benefits to Members and to refer, supervise and coordinate the provision of all Benefits to Members in accordance with their Health Services Contract. Plan represents and warrants that PCP shall not be permitted to authorize for the provision of Covered Services by Hospital.

Professional Services - Those Inpatient and Outpatient services covered by the Health Services Contract and provided by a Physician as set forth in Schedule "A."

Provider - A Physician or other licensed medical practitioner, medical group, hospital or other licensed health facility, or other person or entity duly qualified to provide medical care in accordance with applicable State and Federal law, the applicable Health Services Contract, and Plan Provider Contract.

Provider Operations Manual (POM) - The Plan's Medi-Cal Managed Care Program Provider Operations Manual, which may be revised from time to time, incorporated herein by this reference.

Specialist - A board-certified or eligible Physician, other than a PCP, who agrees to be a Plan Provider to provide Covered Services to Members on referral by a PCP or by the Plan.

Surcharge - An additional fee which is charged to a Member for a Benefit which is not provided for in the HCP Contract.

Urgent Services - Services required to prevent serious deterioration of health following the onset of an unforeseeable condition or injury (i.e. sore throats, fever, minor lacerations, and some broken bones).

II. HOSPITAL OBLIGATIONS

- 2.1 Covered Services. Hospital shall provide, or arrange for the provision of, Covered Services to members which are Medically Necessary, according to the terms of the Health Services Contract and this Agreement. All Covered Services provided by or arranged to be provided by Hospital are available to all Members and are included in the rates as set forth in Schedule C. This shall include Inpatient and Outpatient, Hospital and Professional services as offered pursuant to and consistent with the licensure of Hospital.
- 2.2 Availability. Hospital shall ensure that Covered Services are readily available during regular business hours as is customary for the Hospital and that Emergency Services and Care are available twenty-four (24) hours per day, seven (7) days per week, including holidays, at those Facilities providing such services in accordance with Schedule "A." Hospital shall provide, or arrange for the provision of, Covered Services to Members in the same manner, in accordance with the same standards, and within the same time availability as such services are provided to other patients, and without regard to the degree or frequency of utilization of such services by a Member in accordance with and subject to the Paragraph 9.21 and other terms of this Agreement.
- 2.3 Standard of Care. Hospital shall comply with all applicable Federal and State laws governing the provision, or arrangement for the provision, of Hospital Services, including health facility licensing requirements administered by SDHS, and shall provide Covered Services in accordance with generally accepted hospital standards at the time services are rendered, including, but not limited to, those established by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO). Hospital shall participate in Plan's Quality and Utilization

Management Programs and abide by decisions made by such programs, as set forth in the POM heretofore provided to Hospital by Plan, or as directed by the Plan's Quality Improvement Committee/Medical Director.

- 2.4 Facilities Licensure and Accreditation. As a material term of this Agreement, Hospital warrants and represents that each of its hospital facilities is, and further warrants each such facility will continue to be, as long as this Agreement remains in effect, holders of valid, unrestricted licenses to operate in the State of California. Currently, Martin Luther King Jr./Drew Medical Center does not possess JCAHO accreditation. In the event a single County hospital does not possess JCAHO accreditation, Plan shall not terminate this Agreement, but may suspend participation of such hospital facility from the Plan's network until such time the suspended hospital facility regains JCAHO accreditation. Upon receipt of JCAHO accreditation, Hospital shall notify Plan of the accreditation and Plan shall then reinstate facility as a participating hospital in the Plan's network.
- 2.5 Verification of Eligibility. Plan shall verify Member's eligibility upon inquiry by Hospital. Plan shall provide Hospital with all methods of verifying eligibility for Members in Los Angeles County. These methods, which are to be available 24 hours a day, 7 days a week, include, but are not limited to, Commercial Plan's Provider Inquiry Department (800-675-6110), Commercial Plan's automated phone service (800-554-1444), Plan's Interactive Voice Response (800-357-0172) for Medi-Cal beneficiaries enrolled with Plan but not in Los Angeles County (800-357-0172), and, through a Point of Service (POS) device (800-456-2387 or 800-427-1295) and online verification (www.medi-cal.ca.gov), provided by the California Department of Health Services. In the event that Hospital determines that Plan erroneously identified a Medi-Cal beneficiary as a Member, Plan shall timely notify Hospital of the responsible party for billing purposes.
- 2.6 Referrals and Notification of Admissions. Except as set forth in this Agreement, Hospital shall notify Plan prior to: (1) rendering services and care, except Emergency Services and Care, and (2) referring or transferring a Member to any Specialist, another Hospital or other Provider other than a PCP or other Plan Provider. Notification by Hospital to Plan shall be in accordance with Schedule F, as applicable.
- 2.7 Contracting. Hospital may contract with other Plan Providers, providers and health plans, including, but not limited to, health plans responsible for furnishing Health Care Services to Medi-Cal beneficiaries under contract with Local Initiative and/or the State of California (e.g. the California Medical Assistance Commission or SDHS).
- 2.8 Facilities and Equipment. Hospital shall provide and maintain, or arrange to provide and maintain, facilities and equipment which are of adequate capacity,

clean, safe, and readily accessible when providing Covered Services to Members and, where appropriate, properly licensed and/or registered. If Hospital, or the County Board of Supervisors, or both, as part of its annual budgeting process or for other financial purposes determines not to appropriate sufficient monies to fund operations listed on Schedule "A," or at one or more of the Facilities listed on Schedule "B" both of which are attached hereto and incorporated herein by reference, this Agreement shall terminate automatically with respect to the operations listed on Schedule "A", or the Facilities affected only, on the effective date of such Hospital or Board Action. Director shall give written notice to Plan of the Board's action as soon as reasonably possible thereafter. Upon such hospital or Board action, Schedule "A", or Schedule "B", or both, shall be deemed automatically amended as appropriate.

- 2.9 Administrative Services. Hospital shall perform or contract for all services incident to the administration of Hospital's responsibilities in accordance with this Agreement and as set forth in the POM. Hospital shall provide Plan with the names, addresses and telephone and facsimile numbers of Hospital's Administrator, Business Office Manager, Medical Staff Manager, and Utilization Management and Quality Improvement Manager, and shall notify Plan of any changes thereto.
- 2.10 Plan Grievance Procedures. Hospital shall cooperate with Plan in identifying, processing and resolving all Member complaints and grievances pursuant to the grievance procedures set forth in the POM. Hospital, and Hospital's Physician, or other staff as appropriate, shall be entitled to respond to any Member grievance for due consideration in resolving such grievance and agrees to use the same grievance procedure described in the POM.
- 2.11 Termination of the Hospital/Patient Relationship. Hospital may not, without advance review by Plan, refuse admission or treatment or terminate its relationship with a Member because of such Member's medical condition, or the amount, type, or cost of Benefits that are required by the Member. Any such refusal or termination of services shall be first submitted to the Plan for review.
- 2.12 Required Disclosures. Hospital shall notify Plan immediately in writing upon the occurrence or disclosure of any of the following events:

Hospital's license as a health facility in California or its JCAHO accreditation is suspended, revoked, terminated or subject to terms of probation, restriction or provisional status; or

An act of nature or any event beyond Hospital's reasonable control occurs, which substantially interrupts all or a portion of Covered Services of Hospital or which otherwise has a materially adverse effect on Hospital's ability to perform its obligations hereunder; or

Any other situation arises which could reasonably be expected to materially and adversely affect Hospital's ability to carry out its obligations under this Agreement.

- 2.13 Provider Operations Manual. Hospital shall comply with the standards and procedures set forth in the POM, incorporated herein by reference as though fully set forth in this Agreement. Where the POM conflicts with this Agreement, this Agreement shall supercede the POM. A copy of the existing has heretofore been provided to Hospital.
- 2.14 Discharge Summaries and Encounter/Claims Data. Hospital shall not be required to submit to Plan any medical records and/or discharge summary for Authorized services. Hospital shall provide Plan with medical records and/or discharge summaries for Covered Services provided by Hospital which were denied Authorization by Plan in accordance with *section 1(f) of Schedule F*.

Notwithstanding any other provision in this Agreement, Plan acknowledges and accepts as satisfactory during the term of this Agreement, Hospital's billing in a non-itemized format with an all-inclusive charge, which includes Hospital Services and Professional Services for Covered Services rendered to a Member. All encounter data, for the purpose of this Agreement, shall be provided solely in the UB92 format or its successor form as is customary for Hospital. Further, Hospital is required to solely bill the Plan for Covered Services and not any Contractholder, Plan Provider, Primary Care Physician, or other person or entity.

- 2.15 Plan Provider List. Hospital agrees that Plan may list the name, services, address and telephone number of Hospital in Plan publications for purposes of informing Members and Plan Providers of the identity of participating Hospitals and otherwise carrying out the terms of this Agreement. Plan and Hospital each reserves the right to control the use of its name, symbols, trademarks, or service marks presently existing or later established. In addition, except as provided in this Paragraph, neither Plan nor Hospital shall use the other's name, symbols, trademarks, or service marks in advertising or promotional materials or otherwise without the prior written consent of that party and shall cease any such usage immediately upon written notice of the party or upon termination of this Agreement, whichever is sooner.

III. PLAN OBLIGATIONS

- 3.1 Provider Operations Manual. Plan shall comply with the provisions set forth in the POM. Nothing in this Agreement shall be interpreted to limit or otherwise

delegate to Hospital the responsibilities of Plan, including, but not limited to, the furnishing of services in a manner providing continuity of care and ready referral of patients to other providers, pursuant to the Knox-Keene Act.

- 3.2 Identification Card. Identification cards shall be issued to Members as set forth in the POM.
- 3.3 Eligibility Determination. Plan shall confirm eligibility of its Member to receive Benefits to Hospital upon request.
- 3.4 Authorization of Referrals and Admission. Plan shall timely provide Authorization to Hospital upon request for referrals, admissions, and length-of-stay for the provision by Hospital of Covered Services and other services as set forth Schedule F.
- 3.5 Administrative Services. Plan shall perform or contract for those services incident to the administration of the Health Services Contract, including, but not limited to, the processing of enrollment applications, assignment of Members to their PCPs, and the administration of claims for Benefits.

IV. COMPENSATION

- 4.1 Payment of Hospital by Plan. Plan shall pay Hospital for Covered Services set forth in Schedule "A" rendered by or through Hospital to Members at the rates and in accordance with the procedures set forth in Schedule "C", attached hereto and incorporated herein by reference. Plan may not delegate responsibility for payment to Hospital for the provision of Covered Services (e.g. to Plan's contracted physician (group) providers) as set forth in this Agreement without the express written consent of Director, which shall be at the sole discretion of Director.
- 4.2 Prohibition Against Member Billings and Collections. Under no circumstances shall Hospital bill a Member for Benefits, or send a Member a statement of amounts owed Hospital by Plan. Hospital agrees to accept the rates set forth in Schedule C as payment in full for Covered Services rendered to Members by or on behalf of Hospital. Hospital agrees that it shall not seek from the Member any Surcharge or other additional payment not provided for in the Member's Medi-Cal Benefits. Members shall not be liable to Hospital for any sums owed to Hospital by Plan. These prohibitions shall apply in all circumstances, including, but not limited to, non-payment by Plan, Plan's insolvency or breach of contract, or the termination or rescission of this Agreement. These prohibitions shall not apply to billing for non-Covered Services, as permitted by Section 4.3.

Notwithstanding any provision in this Agreement, or payment to Hospital thereunder, Hospital, its agents and subcontractors may prosecute and seek recovery against any third party tortfeasor or other party, and on any judgment, award or settlement, as permitted under the Hospital Lien Act (Civil. Code section 3045.1 et seq.), section 23004.1 of the Government Code, or any other applicable law.

- 4.3 Non-Covered Services. Hospital shall not bill or collect from Members for amounts owed Hospital by Plan. Hospital agrees that it shall not seek from the Member any surcharge or other additional payment not provided for in the Member's Medi-Cal Benefits. Members shall not be liable to Hospital for any sums owed Hospital by Plan. These prohibitions shall apply to all circumstances involving non-payment by Plan, Plan's insolvency or breach of contract, or the termination or rescission of this Agreement. These prohibitions shall not apply to billing services or collection for non-Covered Services as set forth in this Agreement, or to third party collection as permitted by section 4.2 of this Agreement, the HCP Contract or law.
- 4.4 Care to Canceled or Ineligible Persons. It is acknowledged that Plan cannot control SDHS placement of a HCP Member in a pending or "hold" status or the retroactive disenrollment of a HCP Member. No payments shall be owed by Plan with respect to any person who was or is seeking to be a HCP Member so long as that individual is in a "hold" status with SDHS or for any period for which SDHS has retroactively canceled that person's coverage under the HCP contract.

Plan may adjust Hospital's compensation to account for retroactive disenrollment/cancellation of no more than one-hundred and twenty (120) days by SDHS, and shall explain such adjustments in its reports to Hospital. Plan shall provide Hospital with written notification of its intent to adjust Hospital's compensation. Hospital shall have thirty (30) working days to submit a written dispute to Plan if Hospital does not believe an overpayment has occurred, Plan shall treat said overpayment issue as a provider dispute. If Hospital does not dispute the overpayment, Hospital shall reimburse Plan within thirty (30) working days of receipt of said notice, or Plan may recoup uncontested overpayment by offsetting from other compensation payments due to Hospital.

- 4.5 Billing Format. Hospital shall bill Plan within one hundred eighty (180) days from the date of discharge for Covered Services rendered on an Inpatient basis and one hundred eighty (180) days after the last day of the month in which Covered Services were rendered on an Outpatient basis. Hospital shall bill Plan on forms in accordance with Universal Billing Form 92 (UB92) or its successor forms as is customary for Hospital. Plan is aware and accepts that Hospital utilizes all-inclusive per diem billing and does not provide itemized statements. A sample bill for Inpatient and Outpatient services is attached hereto as Schedule G.

- 4.6 Timeliness of Payment. Plan shall pay Hospital within thirty (30) Working Days of receipt of a bill submitted in accordance with Section 4.5 unless the bill or substantial portion thereof, is contested by Plan, in which case Hospital shall be notified in writing within thirty (30) Working Days with a detailed explanation of basis for the "contested" bill. The term "contested" in this paragraph has the same meaning as in the California Health and Safety Code, Section 1371.

V. QUALITY AND UTILIZATION MANAGEMENT

- 5.1 Plan's Responsibilities. Plan is obligated under law to conduct quality and utilization management activities that identify, evaluate and remedy problems relating to access, continuity and quality of care, utilization and the cost of services. Accordingly, Plan shall conduct a quality and utilization management program as set forth in the POM. Plan's program shall include the establishment of peer review committees to conduct quality of care and utilization review activities in accordance with the California Health and Safety Code Sections 1370 and 1370.1. All quality and utilization management forms, records and other information in Plans possession shall remain the property of Plan and shall remain confidential.
- 5.2 Hospital's Responsibilities. Under mutual agreement, Hospital shall cooperate with Plan in monitoring quality and utilization management activities in accordance with the terms of this Agreement. The primary purpose of the quality assurance and utilization review system is to evaluate the quality of services provided to Members and to monitor the utilization of such services by Members. A copy of the Quality Assurance and Utilization Review System will be provided. Such cooperation may include, but is not limited to, allowing on-site visits for the purpose of the facility site review, medical records review, participating in studies and surveys, copying or allowing copies to be made of patient records, submitting encounter data for fee-for-service encounters and reports as requested by Plan.
- 5.3 Physician Credentialing. Physicians, nurses, and other appropriate staff of Hospital, as providers of Hospital-based services (not clinic services) under this Agreement, shall not be subject to any Plan credentialing/re-credentialing process, including, but not limited to, Plan's credentialing process as set forth in the POM.
- 5.4 Joint Operations Meetings. The parties shall meet in good faith on an ongoing basis and as needed to ensure proper implementation of the terms of this Agreement. The first meeting of representatives of the parties shall be within 45 days after the execution of this Agreement.

VI. RECORDS

- 6.1 **Member's Medical Record.** Hospital shall ensure that a central medical record is established and maintained for each Member who is a patient of Hospital, which shall include all Hospital's information about the Member and a description of all services rendered to the Member that generally accepted medical and surgical practices and standards and the POM may require.
- 6.2 **Access to Medical Records.** Subject to compliance with applicable Federal and State laws and appropriate professional standards regarding the confidentiality of medical records, Hospital shall assist Plan in achieving continuity of care for Members through the maximum sharing of medical records for services rendered to Members. Hospitals obligations under this Section 6.2 shall be limited to the following:
- (a) providing Plan with copies of Member medical records that are in custody of Hospital; and
 - (b) upon reasonable request allow Plan authorized personnel access to such records on Hospital's premises during regular business hours; and
 - (c) transmitting information from Members' medical records by telephone to Plan for purposes of Authorization and upon reasonable request other quality and utilization management activities; and
 - (d) upon reasonable request, providing copies of a Member's medical records to any other Plan Provider treating such Member.
- 6.3 **Access to Financial Records.** Plan shall have access at reasonable times, upon demand, to the books, records and documents of Hospital relating to Covered Services provided and with prior written notice by Hospital to Members, including, but not limited to, any charges to, or payments received from, Members by Hospital.
- 6.4 **Confidentiality.** Plan and Hospital agree to keep confidential and to take precautions as is customary for each party to prevent the unauthorized disclosure of any and all medical and/or contractual records and information required to be prepared or maintained by Hospital or Plan under this Agreement.
- 6.5 **Regulatory Compliance.** Hospital shall maintain such records and provide such information to Plan, the United States Department of Health and Human Services, SDHS, Department of Justice ("DOJ") and DMHC as may be necessary for compliance by Plan with Federal and State law including, but not limited to, the California Knox-Keene Health Care Service Plan Act of 1975, as amended, and the rules and regulations duly promulgated thereunder, for a period of at least five (5) years from the close of Hospital last July 1 - June 30 fiscal year in which this Agreement was in effect. This obligation of Hospital does not cease upon termination of this Agreement whether by rescission or otherwise. All records,

books and papers of Hospital pertaining to Members shall be open to inspection during normal business hours by Plan and State and Federal authorities. Plan shall provide Hospital with a copy of any survey, report or other document submitted to SDHS, or DMHC, or both, which includes some or all of the following information within thirty days following submission: inpatient and outpatient payments, and the number of paid days for any given period (i.e. calendar year, fiscal year, etc.) as between Plan and Hospital.

- 6.6 Ownership and Access to Records. Ownership and access to records of Members shall be controlled by applicable laws.

VII. INSURANCE

- 7.1 Insurance. Plan and Hospital each shall secure and maintain self-insurance acceptable to the other, or other insurance to conduct business in the State of California, including, but not limited to, medical malpractice and general liability insurance to insure it and its partners, shareholders, officers, members, employees and agents in accordance with Schedule "E". Where applicable, the party shall provide certificates of self insurance as requested by the other, and, with respect to any self-insurance by Hospital, shall in accordance with the POM give Plan written notice at least thirty (30) days prior to cancellation or other termination or reduction of coverage under such policy.

VIII. TERM AND TERMINATION

- 8.1 Term. This Agreement shall become effective upon approval by County's Board of Supervisors through June 30, 2008, and shall renew automatically thereafter for three successive, one-year periods through June 30, 2011. This Agreement shall not renew if either party gives the other at least ninety (90) calendar days written notice of non-renewal prior to the end of any Agreement Year. If Hospital gives notice of non-renewal, and after exerting its best efforts, Plan does not have another Plan Hospital with comparable services within ten (10) miles of Hospital, this Agreement shall extend an additional sixty (60) calendar days, after what otherwise would be the termination date.
- 8.2 Termination for Convenience. Either party may terminate this Agreement, with or without cause, by giving the other party at least ninety (90) calendar days written notice.
- 8.3 Termination For Breach. In the event of a material breach of this Agreement by one party, the other party may terminate this Agreement by giving the breaching party at

least thirty (30) calendar days written notice, after having given that party at least thirty (30) days written notice and that party failed to cure the breach within such 30 day period.

- 8.4 Effect of Termination. As of the date of termination, this Agreement shall be considered of no further force or effect whatsoever and each of the parties shall be relieved and discharged from their respective obligations under this Agreement, except that:
- (a) Termination shall not affect any rights or obligations hereunder which have previously accrued or shall hereafter arise, with respect to any occurrence prior to termination and such rights and obligations shall continue to be governed by the terms of this Agreement.
 - (b) Hospital agrees, at Plan's option, to continue to provide Covered Services to Members who are receiving care and treatment at Hospital as Inpatients or Outpatients related to Covered Services at the date of termination until the completion of such treatment or evaluation or until Plan arranges for the transfer of the Member to another Provider. Hospital shall be compensated for Benefits rendered in accordance with the Fees set forth in Schedule "C".
 - (c) Except for the cost of the arbitrator and arbitration fees, each party shall be responsible for their own costs of completing any arbitration proceedings initiated pursuant to this Agreement as set forth in Section 9.11, including requests for arbitration of disputes arising between the parties after the effective date of termination.
 - (d) Hospital shall maintain such records and provide such information to Plan as set forth in Article VI of this Agreement. These records shall be maintained for at least five (5) years regardless of the termination date of this Agreement.

IX. MISCELLANEOUS PROVISIONS

- 9.1 Conflict of Interest. No County employee whose position in County enables such employee to influence the County's execution or administration of this Agreement or any competing agreement, and no spouse or economic dependent of such employee, shall be employed knowingly in any capacity by Plan or have any other direct or indirect financial interest in this Agreement. Each party to this Agreement shall comply with all conflict of interest laws, ordinances and regulations now in effect or hereafter to be enacted during the term of this Agreement. Each party warrants that it is not now aware of any facts which create a conflict of interest. If either party hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, it shall immediately make full written

disclosure of such facts to the other party. Full written disclosure shall include without limitation, identification of all persons implicated and a complete description of all relevant circumstances.

- 9.2 Termination for Improper Consideration. County may, by written notice to Plan, immediately terminate the right of Plan to proceed under this Agreement if it is found that consideration, in any form, was offered or given by Plan, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing the Agreement or securing favorable treatment with respect to the award, amendment, or extension of the Agreement, or the making of any determination with respect to Plan's performance pursuant to the Agreement. In the event of such termination, County shall be entitled to pursue the same remedies against Plan as it could pursue in the event of default by Plan.

Plan shall immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (213) 974-0914 or (800) 544-6861. Among other items, such improper consideration may take the form of cash, discounts, service, the provision of travel or entertainment, or tangible gifts.

- 9.3 Plan's Acknowledgment of County's Commitment to Child Support Enforcement. Plan acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Plan understands that it is County's policy to encourage all County contractors to voluntarily post County's "L.A.'s Most Wanted": Delinquent Parents" poster in a prominent position at Plan's places of business. County Child Support Services Department will supply Plan with the poster to be used.
- 9.4 Partial Invalidity. If for any reason, any provision of this Agreement is held invalid, the remaining provisions shall remain in full force and effect.
- 9.5 Waiver of Breach. The waiver of any breach of this Agreement by either party shall not constitute a continuing waiver of any subsequent breach of either the same or any other provision of this Agreement.
- 9.6 Schedules. All Schedules referenced in this Agreement, including those listed on the Table following the signature page, are incorporated herein by this reference.
- 9.7 Amendment. Unless otherwise specifically provided herein, this Agreement may be amended only by mutual written consent of Plan and Hospital's duly authorized representatives by following the same formalities and procedures utilized in Agreement's original execution. Notice to, or consent of, Members shall not be required for any amendments to this Agreement. Notwithstanding the foregoing, in the event that a change or addition to this Agreement is mandated by a Federal,

State or other statute, regulation or regulatory agency, written consent of the parties shall not be required to amend this Agreement in accordance with such mandate, except when such change or addition materially revises a Hospital duty or responsibility hereunder, with a consequent material increase in Hospital costs, Plan shall, whenever possible, notify Hospital of any such amendment (the "Notification Amendment") thirty (30) calendar days prior to its effective date.

- 9.8 Governing Law. This Agreement shall be construed and enforced in accordance with the laws of the State of California. Enforcement of section 9.13 of this Agreement is to be governed by California Code of Civil Procedure section 1280, et seq., including section 1281.2(c). Plan is subject to the requirements of the Knox-Keene Act, as amended, (Chapter 2.2 of Division 2 of the Health & Safety Code), and the rules and regulations duly promulgated thereunder (Title 28 of the California Code of Regulations), and any provision required to be in this Agreement by such statutes or regulations is incorporated herein by reference and is binding on both parties).
- 9.9 Effect of Changes in Law.
- (a) Where a change in applicable law or regulation requires modification to this Agreement, or any Exhibits to this Agreement, including, but not limited to, the POM, or Plan otherwise seeks to change the POM, either party, or the Plan as the case may be, may submit to the other in accordance with the notice provisions in section 9.15 the proposed modification. The proposed modification shall become effective upon sixty (60) calendar days of receipt of the proposed modification, unless a written objection is made to the other party in accordance with section 9.15 during this sixty day period. Within sixty calendar days of receipt of this objection, the parties shall meet in a good faith effort to resolve the outstanding objection, and, if possible, negotiate and implement a mutually agreed upon modification.
- (b) If the parties cannot agree as to a modification under the process described in subsection (a) above, this Agreement shall remain unchanged and in effect, except that either party shall have right to terminate this Agreement, in whole or in part, in accordance with section 8.2, or upon shorter notice if required by law.
- 9.10 Entire Agreement. This Agreement, together with the Schedules hereto and the POM incorporated herein by reference, contains the entire Agreement between Plan and Hospital relating to the rights granted and the obligations assumed by the parties concerning the provision of Covered Services by Hospital to Plan Members. This Agreement supersedes all prior agreements, either oral or in writing, between the parties hereto with respect to the subject matter hereof.
- 9.11 Independent Parties. In the performance of the work, duties and obligations assumed under this Agreement, it is mutually understood and agreed that each party, its agents, employees or representatives are at all times acting and

performing as independent contractors and that neither party shall consider itself or act as the agent, employee or representative of the other.

- 9.12 Cooperation of Parties. Hospital and Plan agree to meet and confer in good faith on a quarterly basis to discuss any operational problems or issues including, but not limited to, utilization of services, problems concerning, authorization, encounters/claims or reporting procedures and information and forms provided to Hospital for use in conjunction with Members.

9.13 Dispute Resolution; Binding Arbitration.

(a) General Provision. Each party may submit disputes or problems arising under this Agreement to the other party at the address and telephone numbers provided in Section 9.15 of this Agreement. The receiving party will respond in writing to all disputes within thirty (30) days of receipt, except in urgent cases in which the receiving party will respond as soon as possible. Following receipt of the response, both parties will meet and confer in good faith to resolve the dispute or problem. If both parties agree, within 45 days of the first date that the parties meet and confer, the dispute may be submitted to voluntary mediation or any other dispute resolution technique as the parties may mutually agree upon at such time. Thereafter, or alternatively, binding arbitration pursuant to this Agreement shall be the exclusive remedy of the parties for all claims arising out of or concerning this Agreement. Such arbitration shall be conducted according to the Commercial Rules of Arbitration of the American Arbitration Association (AAA). Notwithstanding the foregoing, the parties shall have the right to conduct discovery in accordance with the California Code of Civil Procedure. Any award must be based on proof properly received into evidence and as permitted under California law. The cost of arbitration shall be divided equally between the parties. The parties shall mutually select a single arbitrator or have a single arbitrator selected in accordance with the rules under the AAA. Hospital and Plan agree that the arbitration results shall be binding on both parties in any subsequent litigation or other dispute. Any matter submitted for dispute shall be timely initiated in accordance with applicable law.

(b) Bundling of Hospital's Claim. Notwithstanding any provisions in this Agreement, Hospital may, in its sole discretion, bundle two or more claims seeking payment for services performed under this Agreement for purposes of resolving such claims as set forth in this section 9.13.

- 9.14 Advertising. Hospital hereby expressly consents to Plan's including Hospital's name for use in any document prepared for the purpose of marketing Plan. Hospital shall have the prior right to review and approve such use, provided, however, that such approval shall not be unreasonably denied. Plan shall have no other right to use the name of Hospital in any advertisement or otherwise without the express written consent of Hospital. Hospital may identify itself as a Plan Hospital or Plan Provider. Hospital shall have no other right to use the name of Plan in any advertisement or otherwise without the express written consent of Plan.

- 9.15 Notices. Any and all notices, required, permitted, or desired to be given hereunder by one party to the other shall be in writing and shall be delivered to the other party personally or by United States mail, certified or registered, return receipt requested, and addressed as follows:

For Plan: Molina Healthcare of California
Attention: President
One Golden Shore Drive Telephone: (562) 435-3666
Long Beach, California 90802

For Hospital: Department of Health Services
Office of Managed Care
1000 S. Fremont
Building A 9 Telephone: (626) 299-5300
East 2nd Floor, Unit 4
Alhambra, California 91803
Attention: Director, Office of Managed Care

AND

Department of Health Services
Contracts and Grants Division Telephone: (213) 240-7723
313 North Figueroa Street, 6th Floor B East
Los Angeles, California 90012
Attention: Division Chief

If personally delivered, such notice shall be deemed given upon delivery. If mailed in accordance with this Paragraph 9.15, such notice shall be deemed given as of the date indicated on the return receipt. Either party may change its address for notice purposes by giving prior written notice of such change to the other party in accordance with this Paragraph 9.15.

- 9.16 Captions. The captions contained herein are for reference purposes only and shall not affect the meaning of this Agreement.
- 9.17 Assignment. Neither Plan nor Hospital shall assign or transfer its rights, duties or obligations under this Agreement without the prior written consent of the other party. Either party shall not unreasonably withhold such consent. Any attempted assignment in violation of this provision shall be void.
- 9.18 Non-Discrimination. Hospital shall not discriminate in its treatment of any Plan Member because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation or age (except as Medically Necessary).

9.19 Gender and Number. The masculine, feminine or neuter gender and the singular or plural numbers shall be deemed to include the others whenever the context so indicates or requires.

9.20 Liability. Plan shall indemnify and save Hospital harmless for any claim, demand, loss, lawsuit, settlement, judgment, or other liability, and all related expenses which may accrue, arising from or in connection with a claim of a third party arising from a negligent or otherwise wrongful act or omission of Plan its agents or employees.

Hospital shall indemnify and save Plan harmless from any claim, demand, loss, lawsuit, settlement, judgment, or other liability, and all related expenses which may accrue, arising from or in connection with a claim of a third party arising from a negligent or otherwise wrongful act or omission of Hospital, its agents or employees.

If each party claims and is entitled to indemnity from the other, the liability of each to the other shall be determined according to principles of comparative fault.

Indemnity shall include damages, reasonable costs, reasonable expenses, and reasonable attorney's fees as incurred by the party indemnified. The foregoing indemnification provision will remain in effect following the termination of this Agreement

9.21 Priority of Admission. Hospital agrees to provide Covered Services on the same basis as such services are provided to other patients of Hospital. No special consideration, either favorable or unfavorable, shall be extended to Members under this Agreement because of their affiliation with Plan other than as specifically provided for this Agreement. Plan recognizes that Hospital accepts Members as Patients hereunder subject to staffing, equipment, and as bed availability allows. And this acceptance of patients is further subject to Hospital's priority responsibility to provide care first to any emergency patients and others, including those not covered under this Agreement whereby Hospital has a legal responsibility to provide care, including, but not limited to, any obligation of care of Hospital under section 17000 of the Welfare and Institutions code, and the Los Angeles County Code.

9.22 Nondisclosure of Rates. Each party hereto agrees to use its best efforts to maintain the confidentiality of the compensation rates set forth in Schedule "C." The parties acknowledge that the DMHC is charged by law with protecting the confidentiality of contract rate information for managed care contracts filed with that agency. Hospital shall make reasonable attempts to protect this information as "official" and "trade secret" information under the Health and Safety Code section 1457, among other authority. For Hospital, only the members of Hospital's Board of Supervisors, Director, Chief Administrative Officer, Auditor-Controller, Treasurer, Counsel and their respective authorized representatives shall have access to the rate information

contained herein, and only for the purpose of carrying out official County functions by Hospital.

If such rate information is disclosed to other persons or agencies by Hospital, because such disclosure on good faith belief of Hospital is required or permitted by the California Public Records Act or otherwise by law, Plan shall have no recourse against Hospital, its officers, agents, and employees in connection with any and all damages and liability which Plan may incur as a result, except to claim breach of contract and terminate as otherwise described in this Agreement.

Nothing herein is intended to prevent either party from disclosing such information (1) in a court proceeding or in an arbitration when such disclosure is required, or (2) upon request of a duly authorized representative of Federal or State government.

Notwithstanding the foregoing, Plan may at its own discretion, disclose to DMHC, any information contained in this Agreement including rates, paid claim data or revenue information, if such request is presented by DMHC to Plan in writing and under reasonable circumstances.

Except as required by law, neither Plan nor Hospital shall cause to be published or disseminated any advertising materials either printed or electronically transmitted any advertising materials either printed or electronically transmitted, which identify the other party or its facilities with respect to this Agreement, except as specifically stated in the Agreement.

9.23 No Third Parties. There are no third parties to this Agreement.

9.24 No Community Provider Status Designation. For so long as, and for the time period during which County's Community Health Plan is designated as or pursues designation as the "Community Provider" by the Managed Risk Medical Insurance Board for the Health Families Program, Plan shall not, to the extent permitted by law if any, seek designation as Community Provider without prior written consent of the County.

9.25 HIPAA. The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"). Plan understands and agrees that it is a 'covered entity' under HIPAA and, as such, has obligations with respect to the confidentiality, privacy, and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of staff and the establishment of proper procedures for the release of such information, including the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to transactions and code sets, privacy, and security. Each party understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that Department has not undertaken any responsibility for compliance on Plan's behalf. Neither party has relied, and will not in any way rely, on the other party for legal advice or other representations with respect to its obligations under HIPAA, but will independently seek its own counsel and take the necessary measures to comply with the law and its implementing regulations.

EACH PARTY AGREES TO INDEMNIFY AND HOLD HARMLESS THE OTHER PARTY (INCLUDING THEIR OFFICERS, EMPLOYEES, AND AGENTS), FOR ITS FAILURE TO COMPLY WITH HIPAA

Schedules: The following Schedules are attached and incorporated in this Agreement by this reference:

- | | |
|--------------|---------------------------------------|
| Schedule "A" | - Inventory of Services and licensure |
| Schedule "B" | - Los Angeles County Provider listing |
| Schedule "C" | - Compensation and Rates |
| Schedule "D" | - Linguistic Services |
| Schedule "E" | - Hospital Liability Insurance |
| Schedule "F" | - Procedures for Authorization |
| Schedule "G" | - Sample Hospital Bill |

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by its Director of Health Services, and Plan has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

For: MOLINA HEALTHCARE OF CALIFORNIA

COUNTY OF LOS ANGELES

By: _____
DAVID C. ZEMBIK
CHIEF OPERATING OFFICER

By: _____
BRUCE A. CHERNOF, M.D.
DIRECTOR AND CHIEF MEDICAL
OFFICER, DEPARTMENT OF
HEALTH SERVICES

Date: _____

Date: _____

APPROVED AS TO FORM
RAYMOND G. FORTNER, JR.
COUNTY COUNSEL:

ROBERT E. RAGLAND
DEPUTY COUNTY COUNSEL

APPROVED AS TO CONTRACT
BY ADMINISTRATION:

CHIEF, CONTRACTS AND GRANTS
DIVISION

SCHEDULE A

LOS ANGELES COUNTY/HARBOR-UCLA MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
005 INTENSIVE CARE SERVICES	MICROBIOLOGY	1 DENTAL
010 BURN	1 NECROPSY	1 DERMATOLOGY
015 CORONARY	1 SEROLOGY	1 DIABETES
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY
030 NEUROSURGICAL	1 COMPUTED TOMOGRAPHY	1 GROUP THERAPY
035 PEDIATRIC	1 CYSTOSCOPY	1 HYPERTENSION
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	3 NEUROLOGY
050 DEFINITIVE OBSERVATION CARE	3 ULTRASONOGRAPHY	1 NEONATAL
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY
080 ONCOLOGY	1 COBALT THERAPY	3 PEDIATRIC
085 ORTHOPEDIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY
095 PHYSICAL REHABILITATION	1 ELECTROCARDIOLOGY	1 PSYCHIATRIC
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC
107 TRANS INPAT CARE(ACUTE BEDS)	1	
110 NEWBORN CARE SERVICES	ENDOSCOPY	1 RURAL HEALTH
115 DEVELOPMENTALLY DISABLED NURSERY CRE	1 GASTRO-INTESTINAL LABORATORY	3 SURGERY
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	
130 HOSPICE CARE	2 NUCLEAR MEDICINE	2 HOME CARE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 OCCUPATIONAL THERAPY	1 HOME HEALTH AIDE SERVICES
140 LONG-TERM CARE	3 PHYSICAL THERAPY	1 HOME NURSING CARE (VISITING NURSE)
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	1 HOME PHYSICAL MEDICINE CARE
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	1 HOME SOCIAL SERVICES CARE
155 INTERMEDIATE CARE	3 RADIATION THERAPY	1 HOME DIALYSIS TRAINING
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	1 HOME HOSPICE CARE
165 SELF CARE	3 RADIOACTIVE IMPLANTS	3 HOME I.V. THERAPY SERVICES
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	1 JAIL CARE
175 SUB-ACUTE CARE	3 RESPIRATORY THERAPY SERVICES	1 PSYCHIATRIC FOSTER HOME CARE
177 SUB-ACUTE CARE - PEDIATRIC		
179 TRANS INPAT CARE(SNF BEDS)		
180 CHEMICAL DEPENDENCY - DETOX	1 SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	1 SPORTSCARE MEDICINE	1 ADULT DAY HEALTH CARE CENTER
190 DRUG	1 STRESS TESTING	1 AMBULATORY SURGERY SERVICES
195 CHEMICAL DEPENDENCY - REHAB	1 THERAPEUTIC RADIOISOTOPE	1 COMPREHENSIVE OUTPATIENT REHAB FAC

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

LOS ANGELES COUNTY/HARBOR-UCLA MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
200	ALCOHOL	3	X-RAY RADIOLOGY THERAPY	1	OBSERVATION (SHORT STAY) CARE
205	DRUG	3	PSYCHIATRIC SERVICES	3	SATELLITE AMBULATORY SURGERY CENTER
210	PSYCHIATRIC SERVICES	1	CLINIC PSYCHOLOGIST SERVICES	1	SATELLITE CLINIC SERVICES
215	PSYCHIATRIC ACUTE - ADULT	1	CHILD CARE SERVICES	1	
220	PSYCHIATRIC - ADOLESCENT AND CHILD	1	ELECTROCONVULSIVE THERAPY (SHOCK)	1	OTHER SERVICES
225	PSYCHIATRIC INTENSIVE (ISOLATION) CR	1	MILIEU THERAPY	3	DIABETIC TRAINING CLASS
230	PSYCHIATRIC LONG-TERM CARE	3	NIGHT CARE	3	DIETETIC COUNSELING
235			PSYCHIATRIC THERAPY	1	DRUG REACTION INFORMATION
240	OBSTETRIC SERVICES		PSYCHOPHARMACOLOGICAL THERAPY	1	FAMILY PLANNING
245	ABORTION SERVICES	1	SHELTERED WORKSHOP	1	GENETIC COUNSELING
250	COMBINED LABOR/DELIVERY BIRTHING RM	3	RENAL DIALYSIS	1	MEDICAL RESEARCH
255	DELIVERY ROOM SERVICE	1	HEMODIALYSIS	1	PARENT TRAINING CLASS
260	INFERTILITY SERVICES	1	HOME DIALYSIS SUPPORT SERVICES	3	PATIENT REPRESENTATIVE
265	LABOR ROOM SERVICES	1	PERITONEAL	1	PUBLIC HEALTH CLASS
270	SURGERY SERVICES		SELF-DIALYSIS TRAINING	1	SOCIAL WORK SERVICES
275	DENTAL	1	ORGAN ACQUISITION	2	TOXICOLOGY/ANTIDOTE INFORMATION
280	GENERAL	1	BLOOD BANK	1	VOCATIONAL SERVICES
285	GYNCOLOGICAL	1	EXTRACORPOREAL MEMBRANE OXYGENATION	1	
290	HEART	1	PHARMACY	1	MEDICAL EDUCATION PROGRAMS
295	KIDNEY	1		1	APPROVED RESIDENCY
300	NEUROSURGICAL	1	EMERGENCY SERVICES	1	APPROVED FELLOWSHIP
305	OPEN HEART	1	EMERGENCY COMMUNICATION SYSTEMS	1	NON-APPROVED RESIDENCY
310	OPHTHALMOLOGIC	1	EMERGENCY HELICOPTER SERVICE	2	ASSOCIATE RECORDS TECHNICIAN
315	ORGAN TRANSPLANT	1	EMERGENCY OBSERVATION SERVICES	3	DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
320	ORTHOPEDIC	1	EMERGENCY ROOM SERVICES	1	DIETETIC INTERN PROGRAM
325	OTOLARYNGOLIC	1	HELIPORT	1	EMERGENCY MEDICAL TECHNICIAN
330	PEDIATRIC	1	MEDICAL TRANSPORTATION	1	HOSPITAL ADMINISTRATION PROGRAM
335	PLASTIC	1	MOBILE CARDIAC CARE SERVICES	3	LICENSED VOCATIONAL NURSE
340	PODIATRY	3	ORTHOPEDIC EMERGENCY SERVICES	1	MEDICAL TECHNOLOGIST PROGRAM
345	THORACIC	1	PSYCHIATRIC EMERGENCY SERVICES	1	MEDICAL RECORDS ADMINISTRATOR
350	UROLOGIC	1	RADIOISOTOPE DECONTAMINATION ROOM	1	NURSE ANESTHETIST
355	ANESTHESIA SERVICES	1	TRAUMA TREATMENT E.R.	1	NURSE PRACTITIONER
360				1	NURSE MIDWIFE
365	LABORATORY SERVICES		CLINIC SERVICES	1	OCCUPATIONAL THERAPIST
370	ANATOMICAL PATHOLOGY	1	AIDS	1	PHARMACY INTERN
375	CHEMISTRY	1	ALCOHOLISM	1	PHYSICIAN'S ASSISTANT
380	CLINICAL PATHOLOGY	1	ALLERGY	3	PHYSICAL THERAPIST
385	CYTOGENETICS	1	CARDIOLOGY	1	REGISTERED NURSE
390	CYTOLOGY	1	CHEST MEDICAL	1	RESPIRATORY THERAPIST
395	HEMATOLOGY	1	CHILD DIAGNOSIS	1	SOCIAL WORKER PROGRAM
400	HISTOCOMPATIBILITY	1	CHILD TREATMENT	1	
405	IMMUNOLOGY	1	COMMUNICABLE DISEASE	1	

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

LICENSE NUMBER: 0600001
LICENSE EFFECTIVE DATE: 05/01/20
LICENSE EXPIRATION DATE: 04/30/20
TOTAL LICENSED CAPACITY: 1

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California
and its rules and regulations, the Department of Health Services hereby issues

this **License** to

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

to operate and maintain the following GENERAL ACUTE CARE HOSPITAL

LAC/HARBOR-UCLA MEDICAL CENTER
1000 WEST CARSON STREET, TORRANCE, CA 90509

BED CLASSIFICATIONS/SERVICES

514 General Acute Care
50 Perinatal
44 Intensive Care
34 Pediatric
18 I. C. Newborn Nursery
8 Acute Respiratory Care
6 Renal Transplant
6 Coronary Care
348 Unspecified General Acute Care
39 Acute Psychiatric (D/P)

OTHER APPROVED SERVICES

Chronic Dialysis - 5 Stations
Basic Emergency
Audiology
Speech Pathology
Social Services
Respiratory Care Svcs
Radiation Therapy
Physical Therapy
Outpatient Services
Occupational Therapy
Nuclear Medicine
Cardiovascular Surgery

APPROVED OTHER CERTIFIABLE PARTS

PROSPECTIVE PAYMENT SYSTEM - PSYCHIATRIC UNIT
LAC/HARBOR-UCLA MEDICAL CENTER
1000 WEST CARSON STREET, TORRANCE, CA 90509

Sandra Shewry
DIRECTOR

Jacqueline A. Lincer
Jacqueline A. Lincer
AUTHORIZED REPRESENTATIVE

Refer complaints regarding these facilities:
The California Department of Health Services
Licensing and Certification, Orange County
District Office, 2150 Towne Centre Place,
210, Anaheim, CA 92806, (714) 456-0630

POST IN A PROMINENT PLACE

SCHEDULE A

03/08/2006 WED 16:52 FAX 323 226 2447

EXPENDTURE MANAGEMENT

003

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

DATE PREPARED: 03/07/2006

LOS ANGELES COUNTY + USC MEDICAL CENTER

REPORT PERIOD END 05/30/2005

(1)	(2)	(3)	
200 ALCOHOL	3 X-RAY RADIOLOGY THERAPY	1 OBSERVATION (SHORT STAY) CARE	1
205 DRUG	3 PSYCHIATRIC SERVICES	1 SATELLITE AMBULATORY SURGERY CENTER	1
210 PSYCHIATRIC SERVICES	1 CLINIC PSYCHOLOGIST SERVICES	1 SATELLITE CLINIC SERVICES	1
215 PSYCHIATRIC ACUTE - ADULT	1 CHILD CARE SERVICES		
220 PSYCHIATRIC - ADOLESCENT AND CHILD	1 ELECTROCONVULSIVE THERAPY (SHOCK)	1 OTHER SERVICES	
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	3 MILIEU THERAPY	1 DIABETIC TRAINING CLASS	
230 PSYCHIATRIC LONG-TERM CARE	3 NIGHT CARE	1 DIETETIC COUNSELING	
235	1 PSYCHIATRIC THERAPY	1 DRUG REACTION INFORMATION	
240 OBSTETRIC SERVICES	1 PSYCHOPHARMACOLOGICAL THERAPY	1 FAMILY PLANNING	
245 ABORTION SERVICES	1 SHELTERED WORKSHOP	1 GENETIC COUNSELING	
250 COMBINED LABOR/DELIVERY BIRTHING RM	1 RENAL DIALYSIS	1 MEDICAL RESEARCH	
255 DELIVERY ROOM SERVICE	1 HEMODIALYSIS	1 PARENT TRAINING CLASS	
260 INFERTILITY SERVICES	1 HOME DIALYSIS SUPPORT SERVICES	1 PATIENT REPRESENTATIVE	
265 LABOR ROOM SERVICES	1 PERITONEAL	1 PUBLIC HEALTH CLASS	
270 SURGERY SERVICES	1 SELF-DIALYSIS TRAINING	1 SOCIAL WORK SERVICES	
275 DENTAL	1 ORGAN ACQUISITION	1 TOXICOLOGY/ANTIDOTE INFORMATION	
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES	
285 GYNECOLOGICAL	1 EXTRACORPOREAL MEMBRANE OXYGENATION		
290 HEART	1 PHARMACY	1 MEDICAL EDUCATION PROGRAMS	
295 KIDNEY		1 APPROVED RESIDENCY	
300 NEUROSURGICAL	1 EMERGENCY SERVICES	1 APPROVED FELLOWSHIP	
305 OPEN HEART	1 EMERGENCY COMMUNICATION SYSTEMS	1 NON-APPROVED RESIDENCY	
310 OPHTHALMOLOGIC	1 EMERGENCY HELICOPTER SERVICE	1 ASSOCIATE RECORDS TECHNICIAN	
315 ORGAN TRANSPLANT	3 EMERGENCY OBSERVATION SERVICES	1 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	
320 ORTHOPEDIC	1 EMERGENCY ROOM SERVICES	1 DIETETIC INTERN PROGRAM	
325 OTOLARYNGOLOGIC	1 HELIPORT	1 EMERGENCY MEDICAL TECHNICIAN	
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	1 HOSPITAL ADMINISTRATION PROGRAM	
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	1 LICENSED VOCATIONAL NURSE	
340 PODIATRY	1 ORTHOPEDIC EMERGENCY SERVICES	1 MEDICAL TECHNOLOGIST PROGRAM	
345 THORACIC	1 PSYCHIATRIC EMERGENCY SERVICES	1 MEDICAL RECORDS ADMINISTRATOR	
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	3 NURSE ANESTHETIST	
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	1 NURSE PRACTITIONER	
360		1 NURSE MIDWIFE	
365 LABORATORY SERVICES	1 CLINIC SERVICES	1 OCCUPATIONAL THERAPIST	
370 ANATOMICAL PATHOLOGY	1 AIDS	1 PHARMACY INTERN	
375 CHEMISTRY	1 ALCOHOLISM	3 PHYSICIAN'S ASSISTANT	
380 CLINICAL PATHOLOGY	1 ALLERGY	1 PHYSICAL THERAPIST	
385 CYTOGENETICS	2 CARDIOLOGY	1 REGISTERED NURSE	
390 CYTOLOGY	1 CHEST MEDICAL	1 RESPIRATORY THERAPIST	
395 HEMATOLOGY	1 CHILD DIAGNOSIS	1 SOCIAL WORKER PROGRAM	
400 HISTOCOMPATIBILITY	1 CHILD TREATMENT		
405 IMMUNOLOGY	1 COMMUNICABLE DISEASE		

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

03/08/2006 WED 16:51 FAX 323 226 2447

EXPENDITURE MANAGEMENT

002

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

DATE PREPARED: 03/07/2006

LOS ANGELES COUNTY + USC MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
005	DAILY HOSPITAL SERVICES		LABORATORY SERVICES	1	CLINIC SERVICES
010	INTENSIVE CARE SERVICES		1 MICROBIOLOGY	1	DENTAL
015	BURN	1	1 NECROPSY	1	DERMATOLOGY
020	CORONARY	1	1 SEROLOGY	1	DIABETES
025	MEDICAL	1	1 SURGICAL PATHOLOGY	1	DRUG ABUSE
030	NEONATAL	1	1 DIAGNOSTIC IMAGING SERVICES	1	FAMILY THERAPY
035	NEUROSURGICAL	1	1 COMPUTED TOMOGRAPHY	1	GROUP THERAPY
040	PEDIATRIC	1	1 CYSTOSCOPY	1	HYPERTENSION
045	PULMONARY	1	1 MAGNETIC RESONANCE IMAGING	1	METABOLIC
050	SURGICAL	1	1 POSITRON EMISSION TOMOGRAPHY	2	NEUROLOGY
055	DEFINITIVE OBSERVATION CARE	1	1 ULTRASONOGRAPHY	1	NEONATAL
060	ACUTE CARE SERVICES	1	1 X-RAY - RADIOLOGY	1	OBESITY
065	ALTERNATE BIRTH CTR (LICENSED BEDS)	3	1 DIAGNOSTIC/THERAPEUTIC SERVICES	1	OBSTETRICS
070	GERIATRIC	1	1 AUDIOLOGY	1	OPHTHALMOLOGY
075	MEDICAL	1	1 BIOFEEDBACK THERAPY	3	ORTHOPEDIC
080	NEONATAL	1	1 CARDIAC CATHETERIZATION	1	OTOLARYNGOLOGY
085	ONCOLOGY	1	1 COBALT THERAPY	1	PEDIATRIC
090	ORTHOPEDIC	1	1 DIAGNOSTIC RADIOISOTOPE	1	PEDIATRIC SURGERY
095	PEDIATRIC	1	1 ECHOCARDIOLOGY	1	PODIATRY
100	PHYSICAL REHABILITATION	3	1 ELECTROCARDIOLOGY	1	PSYCHIATRIC
105	POST PARTUM	1	1 ELECTROENCEPHALOGRAPHY	1	RENAL
110	SURGICAL	1	1 ELECTROMYOGRAPHY	1	RHEUMATIC
115	TRANS INPAT CARE(ACUTE BEDS)	3			
120	NEWBORN CARE SERVICES		1 ENDOSCOPY	1	RURAL HEALTH
125	DEVELOPMENTALLY DISABLED NURSERY CARE	1	1 GASTRO-INTESTINAL LABORATORY	1	SURGERY
130	NEWBORN NURSERY CARE	1	1 HYPERBARIC CHAMBER SERVICES	1	
135	PREMATURE NURSERY CARE	1	1 LITHOTRIPSY	1	HOME CARE SERVICES
140	HOSPICE CARE	3	1 NUCLEAR MEDICINE	1	HOME HEALTH AIDE SERVICES
145	INPATIENT CARE UNDER CUSTODY (JAIL)	1	1 OCCUPATIONAL THERAPY	1	HOME NURSING CARE (VISITING NURSE)
150	LONG-TERM CARE		1 PHYSICAL THERAPY	1	HOME PHYSICAL MEDICINE CARE
155	BEHAVIORAL DISORDER CARE	3	1 PERIPHERAL VASCULAR LABORATORY	1	HOME SOCIAL SERVICES CARE
160	DEVELOPMENTALLY DISABLED CARE	3	1 PULMONARY FUNCTION SERVICES	1	HOME DIALYSIS TRAINING
165	INTERMEDIATE CARE	3	1 RADIATION THERAPY	1	HOME HOSPICE CARE
170	RESIDENTIAL/SELF CARE	3	1 RADIUM THERAPY	1	HOME I.V. THERAPY SERVICES
175	SELF CARE	3	1 RADIOACTIVE IMPLANTS	1	JAIL CARE
180	SKILLED NURSING CARE	3	1 RECREATIONAL THERAPY	1	PSYCHIATRIC FOSTER HOME CARE
185	SUB-ACUTE CARE	3	1 RESPIRATORY THERAPY SERVICES	1	
190	SUB-ACUTE CARE - PEDIATRIC	1			
195	TRANS INPAT CARE(SNF BEDS)	3	1 SPEECH-LANGUAGE PATHOLOGY	1	AMBULATORY SERVICES
	CHEMICAL DEPENDENCY - DETOX	3	1 SPORTSCARE MEDICINE	1	ADULT DAY HEALTH CARE CENTER
	ALCOHOL	3	1 STRESS TESTING	1	AMBULATORY SURGERY SERVICES
	DRUG	3	1 THERAPEUTIC RADIOISOTOPE	1	COMPREHENSIVE OUTPATIENT REHAB FAC
	CHEMICAL DEPENDENCY - REHAB				

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

License: 080000131
 Effective: 04/01/2004
 Expires: 03/31/2004
 Licensed Capacity: 139

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services
 to operate and maintain the following General Acute Care Hospital

Bed Classifications/Services

- 1335 General Acute Care
- 135 Pediatric Services
- 80 Intensive Care
- 67 Perinatal Services
- 52 Intensive Care Newborn Nursery
- 34 Burn
- 16 Coronary Care
- 951 Unspecified General Acute Care
- 60 Acute Psychiatric (D/P)

Other Approved Services

- Audiology
- Cardiovascular Surgery
- Comprehensive Emergency Medical Services
- Dental Services
- Mobile Unit - Pediatric
- Nuclear Medicine
- Occupational Therapy
- Outpatient Services
- Physical Therapy
- Podiatric Services
- Radiation Therapy
- Respiratory Care Services
- Social Services
- Speech Pathology

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
 PROSPECTIVE PAYMENT SYSTEM - PSYCHIATRIC UNIT
 LAC+USC MEDICAL CENTER
 1200 NORTH STATE STREET, LOS ANGELES, CA 90033

Sandra Shewry
 DIRECTOR

Jacqueline A. Lincer
 Jacqueline A. Lincer, HFEM II

(AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)456-0630

POST IN A PROMINENT PLACE

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

DATE PREPARED: 01/13/2006

MARTIN LUTHER KING JR./DREW MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)	
200 ALCOHOL	3 X-RAY RADIOLOGY THERAPY	2 OBSERVATION (SHORT STAY) CARE	3
201 DRUG	3 PSYCHIATRIC SERVICES	2 SATELLITE AMBULATORY SURGERY CENTER	3
202 PSYCHIATRIC SERVICES	3 CLINIC PSYCHOLOGIST SERVICES	2 SATELLITE CLINIC SERVICES	2
210 PSYCHIATRIC ACUTE - ADULT	1 CHILD CARE SERVICES	1	
220 PSYCHIATRIC - ADOLESCENT AND CHILD	2 ELECTROCONVULSIVE THERAPY (SHOCK)	3 OTHER SERVICES	
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	1 MILIEU THERAPY	1 DIABETIC TRAINING CLASS	1
230 PSYCHIATRIC LONG-TERM CARE	3 NIGHT CARE	3 DIETETIC COUNSELING	1
235	PSYCHIATRIC THERAPY	1 DRUG REACTION INFORMATION	3
240 OBSTETRIC SERVICES	PSYCHOPHARMACOLOGICAL THERAPY	1 FAMILY PLANNING	1
245 ABORTION SERVICES	1 SHELTERED WORKSHOP	3 GENETIC COUNSELING	1
250 COMBINED LABOR/DELIVERY BIRTHING RM	1 RENAL DIALYSIS	1 MEDICAL RESEARCH	2
255 DELIVERY ROOM SERVICE	1 HEMODIALYSIS	1 PARENT TRAINING CLASS	1
260 INFERTILITY SERVICES	1 HOME DIALYSIS SUPPORT SERVICES	3 PATIENT REPRESENTATIVE	1
265 LABOR ROOM SERVICES	1 PERITONEAL	1 PUBLIC HEALTH CLASS	3
270 SURGERY SERVICES	SELF-DIALYSIS TRAINING	1 SOCIAL WORK SERVICES	1
275 DENTAL	1 ORGAN ACQUISITION	2 TOXICOLOGY/ANTIDOTE INFORMATION	1
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES	1
285 GYNECOLOGICAL	1 EXTRACORPOREAL MEMBRANE OXYGENATION		
290 HEART	3 PHARMACY	1 MEDICAL EDUCATION PROGRAMS	
295 KIDNEY	3	APPROVED RESIDENCY	1
300 NEUROSURGICAL	1 EMERGENCY SERVICES	APPROVED FELLOWSHIP	1
305 OPEN HEART	3 EMERGENCY COMMUNICATION SYSTEMS	1 NON-APPROVED RESIDENCY	1
310 OPHTHALMOLOGIC	1 EMERGENCY HELICOPTER SERVICE	1 ASSOCIATE RECORDS TECHNICIAN	1
315 ORGAN TRANSPLANT	3 EMERGENCY OBSERVATION SERVICES	1 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST	1
320 ORTHOPEDIC	1 EMERGENCY ROOM SERVICES	1 DIETETIC INTERN PROGRAM	3
325 OTOLARYNGOLIC	1 HELIPORT	1 EMERGENCY MEDICAL TECHNICIAN	3
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	1 HOSPITAL ADMINISTRATION PROGRAM	1
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	3 LICENSED VOCATIONAL NURSE	1
340 PODIATRY	1 ORTHOPEDIC EMERGENCY SERVICES	1 MEDICAL TECHNOLOGIST PROGRAM	3
345 THORACIC	1 PSYCHIATRIC EMERGENCY SERVICES	1 MEDICAL RECORDS ADMINISTRATOR	3
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	1 NURSE ANESTHETIST	1
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	3 NURSE PRACTITIONER	1
360		NURSE MIDWIFE	1
365 LABORATORY SERVICES	CLINIC SERVICES	OCCUPATIONAL THERAPIST	3
370 ANATOMICAL PATHOLOGY	1 AIDS	1 PHARMACY INTERN	1
375 CHEMISTRY	1 ALCOHOLISM	3 PHYSICIAN'S ASSISTANT	1
380 CLINICAL PATHOLOGY	1 ALLERGY	1 PHYSICAL THERAPIST	1
385 CYTOGENETICS	2 CARDIOLOGY	1 REGISTERED NURSE	1
390 CYTOLOGY	2 CHEST MEDICAL	1 RESPIRATORY THERAPIST	1
395 HEMATOLOGY	1 CHILD DIAGNOSIS	1 SOCIAL WORKER PROGRAM	1
400 HISTOCOMPATIBILITY	2 CHILD TREATMENT		
405 IMMUNOLOGY	1 COMMUNICABLE DISEASE		

CODE
 1 - SERVICE IS AVAILABLE AT HOSPITAL
 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
 3 - SERVICE NOT AVAILABLE
 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/13/2006

MARTIN LUTHER KING JR./DREW MEDICAL CENTER

REPORT PERIOD END 06/30/2005

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
000 INTENSIVE CARE SERVICES	1 MICROBIOLOGY	1 DENTAL
001 BURN	2 NECROPSY	1 DERMATOLOGY
002 CORONARY	1 SEROLOGY	1 DIABETES
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY
030 NEUROSURGICAL	1 COMPUTED TOMOGRAPHY	1 GROUP THERAPY
035 PEDIATRIC	1 CYSTOSCOPY	1 HYPERTENSION
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	2 NEUROLOGY
050 DEFINITIVE OBSERVATION CARE	3 ULTRASONOGRAPHY	1 NEONATAL
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY
080 ONCOLOGY	1 COBALT THERAPY	2 PEDIATRIC
085 ORTHOPEDIC	1 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY
095 PHYSICAL REHABILITATION	2 ELECTROCARDIOLOGY	1 PSYCHIATRIC
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC
107 TRANS INPAT CARE (ACUTE BEDS)	3	1 RURAL HEALTH
110 NEWBORN CARE SERVICES	ENDOSCOPY	1 SURGERY
115 DEVELOPMENTALLY DISABLED NURSERY CRE	3 GASTRO-INTESTINAL LABORATORY	
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	2 HOME CARE SERVICES
130 HOSPICE CARE	3 NUCLEAR MEDICINE	1 HOME HEALTH AIDE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 OCCUPATIONAL THERAPY	1 HOME NURSING CARE (VISITING NURSE)
140 LONG-TERM CARE	3 PHYSICAL THERAPY	1 HOME PHYSICAL MEDICINE CARE
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	2 HOME SOCIAL SERVICES CARE
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	1 HOME DIALYSIS TRAINING
155 INTERMEDIATE CARE	3 RADIATION THERAPY	2 HOME HOSPICE CARE
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	1 HOME I.V. THERAPY SERVICES
165 SELF CARE	3 RADIOACTIVE IMPLANTS	1 JAIL CARE
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	1 PSYCHIATRIC FOSTER HOME CARE
175 SUB-ACUTE CARE	3 RESPIRATORY THERAPY SERVICES	
177 SUB-ACUTE CARE - PEDIATRIC	3	
179 TRANS INPAT CARE (SNF BEDS)	3	
180 CHEMICAL DEPENDENCY - DETOX	3 SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	3 ADULT DAY HEALTH CARE CENTER
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES
195 CHEMICAL DEPENDENCY - REHAB	3 THERAPEUTIC RADIOISOTOPE	1 COMPREHENSIVE OUTPATIENT REHAB FAC

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE.
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

License: 060000132
Effective: 08/01/2006
Expires: 07/31/2007
Licensed Capacity: 537

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues

this License to

Los Angeles County Department Of Health Services
to operate and maintain the following General Acute Care Hospital

LAC/MARTIN LUTHER KING, JR./DREW MEDICAL CTR
12021 S. WILMINGTON AVE.
LOS ANGELES, CA 90059

Bed Classifications/Services

461 General Acute Care
90 Perinatal Services
54 Pediatric Services
53 Intensive Care
43 Intensive Care Newborn Nursery
6 Coronary Care
215 Unspecified General Acute Care

Other Approved Services

Audiology
Basic Emergency
Cardiac Catheterization Laboratory Services
Dental Services
Nuclear Medicine
Occupational Therapy
Outpatient Services
Physical Therapy
Respiratory Care Services
Social Services
Speech Pathology

Approved Other Certifiable Parts

Prospective Payment System - Psychiatric Unit
LAC/MARTIN LUTHER KING, JR./DREW MEDICAL CTR
12021 S. WILMINGTON AVE.
LOS ANGELES, CA 90059

LAC/MARTIN L. KING JR./DREW MED. CTR. D/P APH
12021 S. WILMINGTON AVENUE
LOS ANGELES, CA 90059

Bed Classifications/Services
76 Acute Psychiatric

This LICENSE is not transferable and is granted solely upon the following conditions, limitations and comments:
None

Sandra Shewry
DIRECTOR

Jacqueline A. Lincer
Jacqueline A. Lincer (AUTHORIZED REP.)

Refer Complaints regarding these facilities to: The California Department of Health Services, Licensing and Certification, Orange County District Office, 2150 Towne Centre Place, Suite 210, Anaheim, CA 92806, (714)466-0630

POST IN A PROMINENT PLACE

(1)	(2)	(3)
DAILY HOSPITAL SERVICES	LABORATORY SERVICES	CLINIC SERVICES
005 INTENSIVE CARE SERVICES	1 MICROBIOLOGY	1 DENTAL 2
010 BURN	3 NECROPSY	1 DERMATOLOGY 1
015 CORONARY	1 SEROLOGY	1 DIABETES 1
020 MEDICAL	1 SURGICAL PATHOLOGY	1 DRUG ABUSE 2
025 NEONATAL	1 DIAGNOSTIC IMAGING SERVICES	1 FAMILY THERAPY 2
030 NEUROSURGICAL	3 COMPUTED TOMOGRAPHY	1 GROUP THERAPY 2
035 PEDIATRIC	3 CYSTOSCOPY	1 HYPERTENSION 1
040 PULMONARY	1 MAGNETIC RESONANCE IMAGING	1 METABOLIC 1
045 SURGICAL	1 POSITRON EMISSION TOMOGRAPHY	1 NEUROLOGY 1
050 DEFINITIVE OBSERVATION CARE	1 ULTRASONOGRAPHY	1 NEONATAL 1
055 ACUTE CARE SERVICES	1 X-RAY - RADIOLOGY	1 OBESITY 1
060 ALTERNATE BIRTH CTR (LICENSED BEDS)	3 DIAGNOSTIC/THERAPEUTIC SERVICES	1 OBSTETRICS 1
065 GERIATRIC	1 AUDIOLOGY	1 OPHTHALMOLOGY 1
070 MEDICAL	1 BIOFEEDBACK THERAPY	3 ORTHOPEDIC 2
075 NEONATAL	1 CARDIAC CATHETERIZATION	1 OTOLARYNGOLOGY 1
080 ONCOLOGY	1 COBALT THERAPY	3 PEDIATRIC 1
085 ORTHOPEDIC	3 DIAGNOSTIC RADIOISOTOPE	1 PEDIATRIC SURGERY 1
090 PEDIATRIC	1 ECHOCARDIOLOGY	1 PODIATRY 1
095 PHYSICAL REHABILITATION	1 ELECTROCARDIOLOGY	1 PSYCHIATRIC 2
100 POST PARTUM	1 ELECTROENCEPHALOGRAPHY	1 RENAL 1
105 SURGICAL	1 ELECTROMYOGRAPHY	1 RHEUMATIC 1
107 TRANS INPAT CARE(ACUTE BEDS)	1	
110 NEWBORN CARE SERVICES	ENDOSCOPY	1 RURAL HEALTH 3
115 DEVELOPMENTALLY DISABLED NURSERY CRE	2 GASTRO-INTESTINAL LABORATORY	1 SURGERY 1
120 NEWBORN NURSERY CARE	1 HYPERBARIC CHAMBER SERVICES	
125 PREMATURE NURSERY CARE	1 LITHOTRIPSY	3
130 HOSPICE CARE	3 NUCLEAR MEDICINE	2 HOME CARE SERVICES
135 INPATIENT CARE UNDER CUSTODY (JAIL)	3 OCCUPATIONAL THERAPY	1 HOME HEALTH AIDE SERVICES 2
140 LONG-TERM CARE	3 PHYSICAL THERAPY	1 HOME NURSING CARE (VISITING NURSE) 2
145 BEHAVIORAL DISORDER CARE	3 PERIPHERAL VASCULAR LABORATORY	1 HOME PHYSICAL MEDICINE CARE 3
150 DEVELOPMENTALLY DISABLED CARE	3 PULMONARY FUNCTION SERVICES	3 HOME SOCIAL SERVICES CARE 3
155 INTERMEDIATE CARE	3 RADIATION THERAPY	1 HOME DIALYSIS TRAINING 3
160 RESIDENTIAL/SELF CARE	3 RADIUM THERAPY	2 HOME HOSPICE CARE 2
165 SELF CARE	3 RADIOACTIVE IMPLANTS	2 HOME I.V. THERAPY SERVICES 2
170 SKILLED NURSING CARE	3 RECREATIONAL THERAPY	2 JAIL CARE 3
175 SUB-ACUTE CARE	2 RESPIRATORY THERAPY SERVICES	1 PSYCHIATRIC FOSTER HOME CARE 3
177 SUB-ACUTE CARE - PEDIATRIC		
179 TRANS INPAT CARE(SNF BEDS)		
180 CHEMICAL DEPENDENCY - DETOX	1 SPEECH-LANGUAGE PATHOLOGY	1 AMBULATORY SERVICES
185 ALCOHOL	3 SPORTSCARE MEDICINE	3 ADULT DAY HEALTH CARE CENTER 3
190 DRUG	3 STRESS TESTING	1 AMBULATORY SURGERY SERVICES 1
195 CHEMICAL DEPENDENCY - REHAB	1 THERAPEUTIC RADIOISOTOPE	2 COMPREHENSIVE OUTPATIENT REHAB FAC 3

CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE.
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

SCHEDULE A

CALIFORNIA HOSPITAL DISCLOSURE REPORT
SERVICES INVENTORY

REPORT 2

LOS ANGELES COUNTY OLIVE VIEW-UCLA MEDICAL CENTER

DATE PREPARED: 03/03/2006

REPORT PERIOD END 06/30/2005

(1)		(2)		(3)	
200	ALCOHOL	3	X-RAY RADIOLOGY THERAPY	1	OBSERVATION (SHORT STAY) CARE
205	DRUG	3	PSYCHIATRIC SERVICES	1	SATELLITE AMBULATORY SURGERY CENTER
210	PSYCHIATRIC SERVICES	1	CLINIC PSYCHOLOGIST SERVICES	3	SATELLITE CLINIC SERVICES
215	PSYCHIATRIC ACUTE - ADULT	1	CHILD CARE SERVICES	2	
220	PSYCHIATRIC - ADOLESCENT AND CHILD	1	ELECTROCONVULSIVE THERAPY (SHOCK)	3	OTHER SERVICES
225	PSYCHIATRIC INTENSIVE (ISOLATION) CR	1	MILIEU THERAPY	3	DIABETIC TRAINING CLASS
230	PSYCHIATRIC LONG-TERM CARE	3	NIGHT CARE	2	DIETETIC COUNSELING
235		1	PSYCHIATRIC THERAPY	1	DRUG REACTION INFORMATION
240	OBSTETRIC SERVICES	1	PSYCHOPHARMACOLOGICAL THERAPY	1	FAMILY PLANNING
245	ABORTION SERVICES	2	SHELTERED WORKSHOP	2	GENETIC COUNSELING
250	COMBINED LABOR/DELIVERY BIRTHING RM	1	RENAL DIALYSIS	3	MEDICAL RESEARCH
255	DELIVERY ROOM SERVICE	1	HEMODIALYSIS	2	PARENT TRAINING CLASS
260	INFERTILITY SERVICES	1	HOME DIALYSIS SUPPORT SERVICES	2	PATIENT REPRESENTATIVE
265	LABOR ROOM SERVICES	1	PERITONEAL	2	PUBLIC HEALTH CLASS
270	SURGERY SERVICES	1	SELF-DIALYSIS TRAINING	3	SOCIAL WORK SERVICES
275	DENTAL	2	ORGAN ACQUISITION	3	TOXICOLOGY/ANTIDOTE INFORMATION
280	GENERAL	1	BLOOD BANK	1	VOCATIONAL SERVICES
285	GYNECOLOGICAL	1	EXTRACORPOREAL MEMBRANE OXYGENATION	3	
290	HEART	2	PHARMACY	1	MEDICAL EDUCATION PROGRAMS
295	KIDNEY	2		1	APPROVED RESIDENCY
300	NEUROSURGICAL	2	EMERGENCY SERVICES	1	APPROVED FELLOWSHIP
305	OPEN HEART	2	EMERGENCY COMMUNICATION SYSTEMS	1	NON-APPROVED RESIDENCY
310	OPHTHALMOLOGIC	1	EMERGENCY HELICOPTER SERVICE	2	ASSOCIATE RECORDS TECHNICIAN
315	ORGAN TRANSPLANT	2	EMERGENCY OBSERVATION SERVICES	1	DIAGNOSTIC RADIOLOGIC TECHNOLOGIST
320	ORTHOPEDIC	2	EMERGENCY ROOM SERVICES	1	DIETETIC INTERN PROGRAM
325	OTOLARYNGOLOGIC	1	HELIPORT	1	EMERGENCY MEDICAL TECHNICIAN
330	PEDIATRIC	1	MEDICAL TRANSPORTATION	2	HOSPITAL ADMINISTRATION PROGRAM
335	PLASTIC	1	MOBILE CARDIAC CARE SERVICES	2	LICENSED VOCATIONAL NURSE
340	PODIATRY	1	ORTHOPEDIC EMERGENCY SERVICES	2	MEDICAL TECHNOLOGIST PROGRAM
345	THORACIC	1	PSYCHIATRIC EMERGENCY SERVICES	1	MEDICAL RECORDS ADMINISTRATOR
350	UROLOGIC	1	RADIOISOTOPE DECONTAMINATION ROOM	1	NURSE ANESTHETIST
355	ANESTHESIA SERVICES	1	TRAUMA TREATMENT E.R.	1	NURSE PRACTITIONER
360				1	NURSE MIDWIFE
365	LABORATORY SERVICES		CLINIC SERVICES	3	OCCUPATIONAL THERAPIST
370	ANATOMICAL PATHOLOGY	1	AIDS	1	PHARMACY INTERN
375	CHEMISTRY	1	ALCOHOLISM	3	PHYSICIAN'S ASSISTANT
380	CLINICAL PATHOLOGY	1	ALLERGY	1	PHYSICAL THERAPIST
385	CYTOGENETICS	1	CARDIOLOGY	1	REGISTERED NURSE
390	CYTOLOGY	1	CHEST MEDICAL	1	RESPIRATORY THERAPIST
395	HEMATOLOGY	1	CHILD DIAGNOSIS	1	SOCIAL WORKER PROGRAM
400	HISTOCOMPATIBILITY	1	CHILD TREATMENT	1	
405	IMMUNOLOGY	1	COMMUNICABLE DISEASE	1	

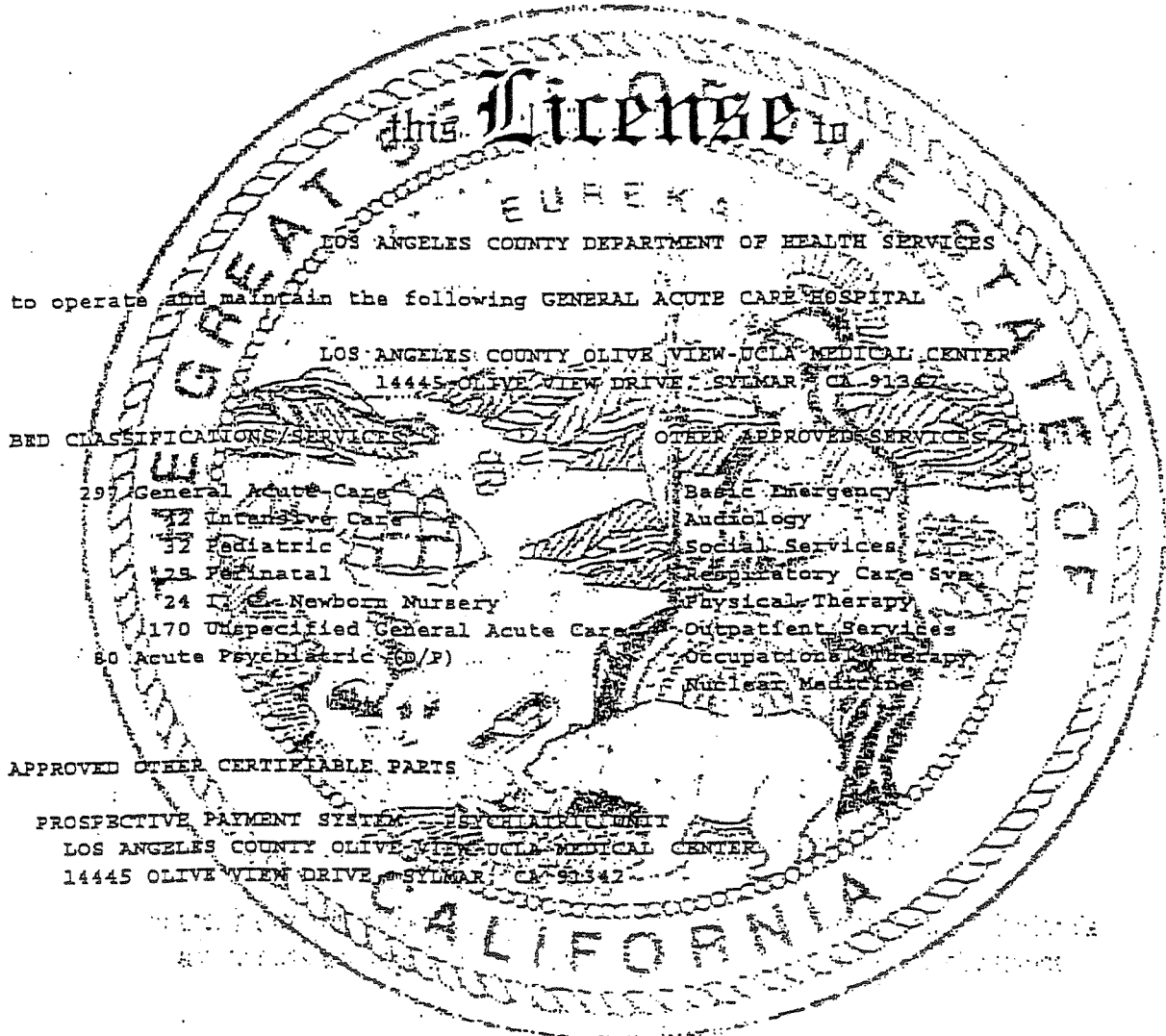
CODE

- 1 - SERVICE IS AVAILABLE AT HOSPITAL
- 2 - SERVICE IS AVAILABLE THROUGH ARRANGEMENT AT ANOTHER HEALTH CARE ENTITY
- 3 - SERVICE NOT AVAILABLE.
- 4 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)

LICENSE NUMBER: 060000131
 LICENSE EFFECTIVE DATE: 05/09/2004
 LICENSE EXPIRATION DATE: 05/07/2008
 TOTAL LICENSED CAPACITY: 37

State of California
 Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, the Department of Health Services hereby issues



Richard R. Baycuon
 CHIEF DEPUTY DIRECTOR

Jacqueline A. Lincer
 Jacqueline A. Lincer
 AUTHORIZED REPRESENTATIVE

Refer complaints regarding these facilities to
 The California Department of Health Services,
 Licensing and Certification, Orange County
 District Office, 2150 Towne Centre Place, Suite
 210, Anaheim, CA 92806, (714) 456-0630

SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/05/2001

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

REPORT PERIOD END 06/30/2000

(1)		(2)		(3)	
DAILY HOSPITAL SERVICES		LABORATORY SERVICES		CLINIC SERVICES	
005 INTENSIVE CARE SERVICES		MICROBIOLOGY		1 DENTAL	1
010 BURN		6 NECROPSY		1 DERMATOLOGY	2
015 CORONARY		2 SEROLOGY		1 DIABETES	2
020 MEDICAL		1 SURGICAL PATHOLOGY		1 DRUG ABUSE	6
025 MEDNATAL		6 DIAGNOSTIC IMAGING SERVICES		FAMILY THERAPY	2
030 NEUROSURGICAL		6 COMPUTED TOMOGRAPHY		1 GROUP THERAPY	2
035 PEDIATRIC		6 CYSTOSCOPY		1 HYPERTENSION	1
040 PULMONARY		2 MAGNETIC RESONANCE IMAGING		1 METABOLIC	2
045 SURGICAL		1 POSITRON EMISSION TOMOGRAPHY		6 NEUROLOGY	1
050 DEFINITIVE OBSERVATION CARE		1 ULTRASONOGRAPHY		1 NEONATAL	6
055 ACUTE CARE SERVICES		X-RAY - RADIOLOGY		1 OBESITY	6
060 ALTERNATE BIRTH CTR (LICENSED BEDS)		6 DIAGNOSTIC/THERAPEUTIC SERVICES		OBSTETRICS	6
065 GERIATRIC		1 ALDIOLOGY		1 OPHTHALMOLOGY	2
070 MEDICAL		1 BIOFEEDBACK THERAPY		2 ORTHOPEDIC	1
075 NEONATAL		6 CARDIAC CATHETERIZATION		6 OTOLARYNGOLOGY	1
080 ONCOLOGY		6 COBALT THERAPY		6 PEDIATRIC	1
085 ORTHOPEDIC		1 DIAGNOSTIC RADIOISOTOPE		1 PEDIATRIC SURGERY	2
090 PEDIATRIC		1 ECHOCARDIOLOGY		2 PODIATRY	6
095 PHYSICAL REHABILITATION		1 ELECTROCARDIOLOGY		1 PSYCHIATRIC	1
100 POST PARTUM		6 ELECTROENCEPHALOGRAPHY		1 RENAL	2
105 SURGICAL		1 ELECTROMYOGRAPHY		1 RHEUMATIC	1
107 TRANS INPAT CARE(ACUTE BEDS)		6			
NEWBORN CARE SERVICES		ENDOSCOPY		1 RURAL HEALTH	6
1 DEVELOPMENTALLY DISABLED NURSERY CRE		6 GASTRO-INTESTINAL LABORATORY		1 SURGERY	1
120 NEWBORN NURSERY CARE		6 HYPERBARIC CHAMBER SERVICES			
125 PREMATURE NURSERY CARE		6 LITHOTRIPSY		6 HOME CARE SERVICES	
130 HOSPICE CARE		6 NUCLEAR MEDICINE		1 HOME HEALTH AIDE SERVICES	6
135 INPATIENT CARE UNDER CUSTODY (JAIL)		6 OCCUPATIONAL THERAPY		1 HOME NURSING CARE (VISITING NURSE)	6
140 LONG-TERM CARE		PHYSICAL THERAPY		1 HOME PHYSICAL MEDICINE CARE	6
145 BEHAVIORAL DISORDER CARE		6 PERIPHERAL VASCULAR LABORATORY		1 HOME SOCIAL SERVICES CARE	6
150 DEVELOPMENTALLY DISABLED CARE		6 PULMONARY FUNCTION SERVICES		1 HOME DIALYSIS TRAINING	6
155 INTERMEDIATE CARE		6 RADIATION THERAPY		6 HOME HOSPICE CARE	6
160 RESIDENTIAL/SELF CARE		6 RADIUM THERAPY		6 HOME I.V. THERAPY SERVICES	6
165 SELF CARE		6 RADIOACTIVE IMPLANTS		6 JAIL CARE	6
170 SKILLED NURSING CARE		6 RECREATIONAL THERAPY		1 PSYCHIATRIC FOSTER HOME CARE	6
175 SUB-ACUTE CARE		6 RESPIRATORY THERAPY SERVICES			
177 SUB-ACUTE CARE - PEDIATRIC		6			
179 TRANS INPAT CARE(SNF BEDS)		6			
180 CHEMICAL DEPENDENCY - DETOX				1 AMBULATORY SERVICES	
185 ALCOHOL		SPEECH-LANGUAGE PATHOLOGY		6 ADULT DAY HEALTH CARE CENTER	1
190 DRUG		6 SPORTSCARE MEDICINE		2 AMBULATORY SURGERY SERVICES	1
195 CHEMICAL DEPENDENCY - REHAB		6 STRESS TESTING		6 COMPREHENSIVE OUTPATIENT REHAB FAC	1
		THERAPEUTIC RADIOISOTOPE			

CODE

- 1 - SEPARATELY ORGANIZED, STAFFED, AND EQUIPPED UNIT OF HOSPITAL.
- 2 - SERVICE MAINTAINED IN HOSPITAL.
- 3 - SERVICE CONTRACTED BUT HOSPITAL BASED.
- 4 - SERVICE NOT MAINTAINED IN HOSPITAL BUT AVAILABLE FROM OUTSIDE CONTRACTS OR OTHER HOSPITAL.
- 5 - SERVICE NOT PROVIDED IN HOSPITAL BUT SHARED WITH ANOTHER HOSPITAL UNDER CONTRACT.
- 6 - SERVICE NOT AVAILABLE.
- 7 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)
- 8 - SERVICE AVAILABLE AT BUT NOT BILLED BY HOSPITAL.
- 9 - SERVICE AVAILABLE BUT NOT BILLED BY HOSPITAL.

SCHEDULE A

REPORT 2

CALIFORNIA HOSPITAL DISCLOSURE REPORT SERVICES INVENTORY

DATE PREPARED: 01/05/2001

LANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

REPORT PERIOD END 06/30/2000

(1)	(2)	(3)
200 ALCOHOL	6 X-RAY RADIOLOGY THERAPY	6 OBSERVATION (SHORT STAY) CARE 1
205 DRUG	6 PSYCHIATRIC SERVICES	SATELLITE AMBULATORY SURGERY CENTER 6
210 PSYCHIATRIC SERVICES	CLINIC PSYCHOLOGIST SERVICES	1 SATELLITE CLINIC SERVICES 6
215 PSYCHIATRIC ACUTE - ADULT	6 CHILD CARE SERVICES	6
220 PSYCHIATRIC - ADOLESCENT AND CHILD	6 ELECTROCONVULSIVE THERAPY (SHOCK)	6 OTHER SERVICES
225 PSYCHIATRIC INTENSIVE (ISOLATION) CR	6 MILIEU THERAPY	6 DIABETIC TRAINING CLASS 1
230 PSYCHIATRIC LONG-TERM CARE	6 NIGHT CARE	6 DIETETIC COUNSELING 1
235	PSYCHIATRIC THERAPY	2 DRUG REACTION INFORMATION 2
240 OBSTETRIC SERVICES	PSYCHOPHARMACOLOGICAL THERAPY	2 FAMILY PLANNING 6
245 ABORTION SERVICES	6 SHELTERED WORKSHOP	6 GENETIC COUNSELING 2
250 COMBINED LABOR/DELIVERY BIRTHING RM	6 RENAL DIALYSIS	MEDICAL RESEARCH 2
255 DELIVERY ROOM SERVICE	6 HEMODIALYSIS	3 PARENT TRAINING CLASS 6
260 INFERTILITY SERVICES	6 HOME DIALYSIS SUPPORT SERVICES	4 PATIENT REPRESENTATIVE 1
265 LABOR ROOM SERVICES	6 PERITONEAL	2 PUBLIC HEALTH CLASS 6
270 SURGERY SERVICES	SELF-DIALYSIS TRAINING	6 SOCIAL WORK SERVICES 1
275 DENTAL	1 ORGAN ACQUISITION	5 TOXICOLOGY/ANTIDOTE INFORMATION 6
280 GENERAL	1 BLOOD BANK	1 VOCATIONAL SERVICES 6
285 GYNECOLOGICAL	1 EXTRACORPOREAL MEMBRANE OXYGENATION	6
290 HEART	6 PHARMACY	1 MEDICAL EDUCATION PROGRAMS
295 KIDNEY	2	APPROVED RESIDENCY 6
300 NEUROSURGICAL	2 EMERGENCY SERVICES	APPROVED FELLOWSHIP 6
305 OPEN HEART	6 EMERGENCY COMMUNICATION SYSTEMS	6 NON-APPROVED RESIDENCY 6
310 OPHTHALMOLOGIC	2 EMERGENCY HELICOPTER SERVICE	6 ASSOCIATE RECORDS TECHNICIAN 6
3 ORGAN TRANSPLANT	6 EMERGENCY OBSERVATION SERVICES	6 DIAGNOSTIC RADIOLOGIC TECHNOLOGIST 6
3 ORTHOPEDIC	1 EMERGENCY ROOM SERVICES	6 DIETETIC INTERN PROGRAM 3
325 OTOLARYNGOLOGIC	1 HELIPORT	6 EMERGENCY MEDICAL TECHNICIAN 6
330 PEDIATRIC	1 MEDICAL TRANSPORTATION	4 HOSPITAL ADMINISTRATION PROGRAM 2
335 PLASTIC	1 MOBILE CARDIAC CARE SERVICES	6 LICENSED VOCATIONAL NURSE 6
340 PODIATRY	6 ORTHOPEDIC EMERGENCY SERVICES	6 MEDICAL TECHNOLOGIST PROGRAM 6
345 THORACIC	6 PSYCHIATRIC EMERGENCY SERVICES	6 MEDICAL RECORDS ADMINISTRATOR 6
350 UROLOGIC	1 RADIOISOTOPE DECONTAMINATION ROOM	6 NURSE ANESTHETIST 6
355 ANESTHESIA SERVICES	1 TRAUMA TREATMENT E.R.	6 NURSE PRACTITIONER 6
360		NURSE MIDWIFE 6
365 LABORATORY SERVICES	CLINIC SERVICES	OCCUPATIONAL THERAPIST 6
370 ANATOMICAL PATHOLOGY	1 AIDS	6 PHARMACY INTERN 6
375 CHEMISTRY	1 ALCOHOLISM	6 PHYSICIAN'S ASSISTANT 6
380 CLINICAL PATHOLOGY	1 ALLERGY	6 PHYSICAL THERAPIST 6
385 CYTOGENETICS	6 CARDIOLOGY	1 REGISTERED NURSE 6
390 CYTOLOGY	2 CHEST MEDICAL	1 RESPIRATORY THERAPIST 6
395 HEMATOLOGY	2 CHILD DIAGNOSIS	1 SOCIAL WORKER PROGRAM 6
00 HISTOCOMPATIBILITY	6 CHILD TREATMENT	1
05 IMMUNOLOGY	6 COMMUNICABLE DISEASE	2

CODE

- 1 - SEPARATELY ORGANIZED, STAFFED, AND EQUIPPED UNIT OF HOSPITAL.
- 2 - SERVICE MAINTAINED IN HOSPITAL.
- 3 - SERVICE CONTRACTED BUT HOSPITAL BASED.
- 4 - SERVICE NOT MAINTAINED IN HOSPITAL BUT AVAILABLE FROM OUTSIDE CONTRACTS OR OTHER HOSPITAL.
- 5 - SERVICE NOT PROVIDED IN HOSPITAL BUT SHARED WITH ANOTHER HOSPITAL UNDER CONTRACT.
- 6 - SERVICE NOT AVAILABLE.
- 7 - CLINIC SERVICES ARE COMMONLY PROVIDED IN THE EMERGENCY SUITE TO NON-EMERGENCY OUTPATIENTS BY HOSPITAL-BASED PHYSICIANS OR RESIDENTS (CLINIC SERVICE ONLY.)
- 8 - SERVICE AVAILABLE AT BUT NOT BILLED BY HOSPITAL.
- 9 - SERVICE AVAILABLE, BUT NOT USED DURING REPORTING CYCLE.

SCHEDULE A

LICENSE NUMBER: 060000
LICENSE EFFECTIVE DATE: 03/31/2
LICENSE EXPIRATION DATE: 03/30/2
TOTAL LICENSED CAPACITY: -

State of California
Department of Health Services

In accordance with applicable provisions of the Health and Safety Code of California
and its rules and regulations, the Department of Health Services hereby issues



Sandra Shewry
DIRECTOR

Jacqueline A. Lincer
Jacqueline A. Lincer
AUTHORIZED REPRESENTATIVE

Refer complaints regarding these facilities
The California Department of Health Service
Licensing and Certification, Orange County
District Office, 2150 Towne Centre Place, S
210, Anaheim, CA 92806, (714)456-0630

SCHEDULE "B"

COUNTY FACILITIES

COUNTY HOSPITALS

NOTE: (at any time should any of the following information change, or the location no longer be included in the control of the LAC Hospital and Health System, HOSPITAL shall notify PLAN immediately, and PLAN shall make appropriate changes necessary to implement that notice information).

Type of Facility:	Acute Care Hospital
Facility Name:	Harbor/UCLA Medical Center
Address:	1000 W. Carson Street Torrance, CA 90509
Services Available:	Primary Care, Specialty Care, Urgent Care, Emergency Department and Inpatient Care
Telephone Number:	(310) 222-2101
Type of Facility:	Acute Care Hospital
Facility Name:	LAC + USC Healthcare Network
Address:	1200 N. State Street Los Angeles, CA 90033
Services Available:	Primary Care, Specialty Care, Urgent Care, Emergency Department and Inpatient Care
Telephone Number:	(213) 226-6853
Type of Facility:	Acute Care Hospital
Facility Name:	Martin Luther King, Jr. /Drew Medical Center
Address:	12021 Wilmington Avenue Los Angeles, CA 90059
Services Available:	Primary Care, Specialty Care, Urgent Care, Emergency Department and Inpatient Care
Telephone Number:	(310) 668-5201
Type of Facility:	Acute Care Hospital
Facility Name:	Olive View/UCLA Medical Center
Address:	14445 Olive View Drive Sylmar, CA 91342
Services Available:	Primary Care, Specialty Care, Urgent Care, Emergency Department and Inpatient Care
Telephone Number:	(818) 364-3002
Type of Facility:	Specialty Rehabilitation Hospital
Facility Name:	Rancho Los Amigos National Rehabilitation Center
Address:	7601 E. Imperial Highway Downey, CA 90242
Services Available:	Specialty Rehabilitation Care
Telephone Number:	(310) 940-7022

SCHEDULE "B"

COUNTY FACILITIES

COUNTY COMPREHENSIVE HEALTH CENTERS

1. Edward R. Roybal CHC
245 S. Fetterly Avenue
Los Angeles, CA 90022
(213) 780-2212
2. El Monte CHC
10953 Ramona Blvd.
El Monte, CA 91731
(818) 579-8302
3. H. Claude Hudson CHC
2829 S. Grand Avenue
Los Angeles, CA 90007
(213) 744-3677
4. Hubert H. Humphrey CHC
5820 S. Main Street
Los Angeles, CA 90003
(213) 846-4122
5. Long Beach CHC
1333 Chestnut Avenue
Long Beach, CA 90813
(562) 599-8636
6. Mid-Valley Comprehensive Health Center
7515 Van Nuys Blvd.
Van Nuys, CA 91405
(818) 947-4000

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

Bellflower Health Center
10005 East Flower Street
Bellflower, CA 90706
(310) 804-8111

Family Health Center
1403 Lomita Blvd.
Harbor City, CA 90710

Torrance Health Center
2300 West Carson Street
Torrance, CA 90501
(310) 222-6571

Wilmington Subcenter
1325 Broad Avenue
Wilmington, CA 90744
(310) 518-8800

Whittier Health Center
7643 South Painter Avenue
Whittier, CA 90602
(310) 907-3230

Curtis R. Tucker Health Center
123 West Manchester Blvd.
Inglewood, CA 90301
(310) 419-5362 or 5325

Dollarhide Subcenter
1108 North Oleander Street
Compton, CA 90221
(310) 603-7036

South Health Center
1522 East 102nd Street
Los Angeles, CA 90002
(213) 563-4053

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

Central Health Center
241 North Figueroa Street
Los Angeles, CA 90012
(213) 240-8204

Hollywood/Wilshire Health Center
5205 Melrose Avenue
Los Angeles, CA 90038
(213) 871-4311

Ruth Temple Health Center
3834 South Western Avenue
Los Angeles, CA 90062
(213) 730-3507

La Puente Health Center
15930 Central Avenue
La Puente, CA 91744
(818) 968-3711

Monrovia Health Center
330 West Maple Avenue
Monrovia, CA 91016
(818) 301-4003

Pomona Health Center
750 South Park Avenue
Pomona, CA 91766
(909) 620-3494

Antelope Valley Health Center
335-B East Avenue K-6
Lancaster, CA 93535
(805) 723-4511

Glendale Health Center
501 North Glendale Avenue
Glendale, CA 91206
(818) 500-5762

SCHEDULE "B"

COUNTY FACILITIES

HEALTH CENTERS

North Hollywood Health Center
5300 Tujunga Avenue
Tujunga, CA 91206
(818) 766-3981

Pacoima Subcenter
13300 Van Nuys Blvd.
Pacoima, CA 91331
(818) 896-1903

Lake Los Angeles Community Clinic
16921 E. Avenue O, (Space G)
Los Angeles, CA 93535
(661) 945-8508

Littlerock Community Clinic
8201 Pearblossom Hwy.
Littlerock, CA 93543
(661) 945-8488

South Valley Medical Center
38350 40th Street
East Palmdale, CA 93552
(661) 272-5001

Multi-System Ambulatory Care Center (MACC)
44900 N. 60th Street
Lancaster, CA 93536
(661) 945-8461

SCHEDULE C

CONFIDENTIAL

SCHEDULE D

LINGUISTIC SERVICES

HOSPITAL shall provide the following linguistic services in accordance with State and Federal law:

Facility

Service

Plan for providing such services(s)

(Specified plan to be provided by HOSPITAL as requested)

SCHEDULE E

HOSPITAL LIABILITY INSURANCE

HOSPITAL shall maintain hospital professional liability insurance and general liability insurance in the minimum amounts of one million dollars (\$1,000,000) per person and three million dollars (\$3,000,000) per occurrence coverage for its agents and employees, as applicable. In the event HOSPITAL procures a claims made policy as distinguished from an occurrence policy, HOSPITAL shall procure and maintain prior to termination of such insurance continuing "tail" coverage, unless successor policy coverage provides such "tail" protection. HOSPITAL shall provide PLAN with evidence of self insurance coverage upon PLAN'S request. HOSPITAL shall immediately notify PLAN of any material changes in insurance coverage and shall provide a certificate of such insurance coverage to PLAN upon PLAN'S reasonable request.

In the event HOSPITAL contracts with physicians, hospitals and other providers to provide Covered Services under this Agreement, HOSPITAL will require such contractors and their agents to maintain professional liability insurance and general liability insurance in the minimum amounts as is usual and customary in the community and shall verify the existence of such insurance. HOSPITAL shall provide a copy of a certificate or other evidence of such insurance for each such Provider to PLAN upon PLAN'S reasonable request.

**Molina Healthcare Authorization for Inpatient Hospital Services
Los Angeles County (LAC) Acute Hospital Facilities**

SCHEDULE F

1) Emergent Inpatient Hospital Admissions

- a. LAC Utilization Management (UM) facilities will report, via faxed face sheet or telephone call, to Molina Utilization Management (UM) Department the admission of each Molina member on the first business day following the admission OR as soon as Molina eligibility has been determined, including members who have been discharged.
 - Molina business days/hours are Monday through Friday, excluding holidays, 8:30 AM through 5:30 PM. Telephone: (800) 526-8196 ext129518, Fax: (562) 951-8341.
- b. Molina UM will verify eligibility, notify the member's Independent Physician Association (IPA) of the admission and assign a length of stay (LOS) based on the working diagnosis.
- c. LAC UM will provide clinical information via fax or telephone call on the last approved day, as allowed in b. above.
- d. Molina UM will acknowledge receiving the concurrent review information with a telephone call to the LAC UM Department (see Attachment I) and indicate the additional number of days and level of care approved and the next review date within 24 hours.
 - If the information given is insufficient to make an authorization decision, Molina UM will call LAC UM and specify the exact information needed.
 - If the information given does not justify inpatient hospital services, Molina's Medical Director will discuss the case with LAC's Attending MD or the Resident Physician in charge prior to denying the inpatient hospital service.
 - If Molina's Medical Director cannot contact the LAC Physician, the denial will be issued and the Molina UM nurse will notify the LAC UM nurse.
- e. LAC UM will provide review update on the day specified by Molina UM.
- f. If information is not obtained, Molina UM will re-request the review. After two (2) requests for information, Molina UM will issue an administrative denial.
 - No telephone review will be accepted after an administrative denial has been issued.
 - LAC UM will send the medical record (without the claim), including the completed Inpatient Issues Log (Attachment II) to Health Services Administration (HSA), Room 527, Attention: Carolyn Foster via LA County Messenger marked retro review.
- g. LAC UM will advise Molina UM of the discharge needs of Molina members, including specialist follow-up, home RN visits, Durable Medical Equipment (DME), etc.
- h. Molina UM will coordinate the authorization and scheduling of the services needed, provide the authorization information and vendor contact information to LAC UM. (This includes IPA members.)
- i. One (1) post-hospital clinic visit will be allowed without prior authorization for follow-up treatment after hospitalization or for OB postpartum follow-up.
- j. LAC UM will obtain prior authorization for all subsequent LAC clinic visits for post-inpatient services.

**Molina Healthcare Authorization for Inpatient Hospital Services
Los Angeles County (LAC) Acute Hospital Facilities**

SCHEDULE F

- k. Post-hospital clinic visits for OR procedures (including burns) will be allowed without prior authorization during the global period. Reimbursement for these visits is included in the global payment for the surgery.
- l. LAC UM will include the names of the vendors and their telephone numbers in the written discharge instructions that are given to the member.

2) Elective/Scheduled Inpatient Hospital Admissions

- a. LAC UM will obtain Molina UM authorization prior to elective admissions via telephone or fax.
Molina business days/hours are Monday through Friday, excluding holidays, 8:30 AM through 5:30 PM. Telephone: (800) 526-8169 ext 129518. Fax: (562) 951-8341.
- b. Elective admissions that are not Molina prior authorized will not be authorized retrospectively, except for cases of DHS ineligibility for Molina coverage at the time of service and subsequent DHS notice of retrospective Molina enrollment after the date of service.
- c. For scheduled admissions, Molina UM will provide prior authorization and assign a Length of Service (LOS).
- d. LAC UM will provide clinical information via fax or telephone call to Molina UM on the assigned next review date.
- e. Molina UM will acknowledge receiving the concurrent review information with a telephone call to the LAC UM Department and indicate the number of days and level of care approved and when the next review is expected.
 - If the information given is insufficient to make an authorization decision, Molina UM will call LAC UM and specify the exact information needed.
 - If the information given does not justify inpatient hospital services, Molina's Medical Director will discuss the case with the LAC Attending MD or the Resident Physician in charge, prior to denying inpatient hospital service.
 - If Molina's Medical Director cannot contact the LAC Physician, the denial will be issued and the Molina UM nurse will notify the LAC UM nurse.
- f. LAC UM will provide review update on the day specified by Molina UM.
- g. If information is not provided, Molina UM will re-request the review. After two (2) requests for information, Molina UM will issue an administrative denial.
- h. A telephone review will not be accepted after an administrative denial has been issued.
- i. LAC UM will deliver the medical record including the complete Inpatient Issues Log (without the claim), including the number of days and level of care requested, to Health Services Administration, Room 527, Attention: Carolyn Foster via LA County Messenger marked retro review.
- j. LAC UM will advise Molina UM of discharge needs for their members, including specialist follow-up, home RN visits, DME, etc.
- k. Molina UM will coordinate the authorization and scheduling of the services needed, provide the authorization information and vendor contact information to LAC UM. (This includes IPA members.)

**Molina Healthcare Authorization for Inpatient Hospital Services
Los Angeles County (LAC) Acute Hospital Facilities**

SCHEDULE F

- l. LAC UM will include the names of the vendors and their telephone numbers in the written discharge instructions that are given to the member.
- m. One (1) post-hospital clinic visit will be allowed without prior authorization for **follow-up treatment after hospitalization** or for OB postpartum follow-up.
- n. Post-hospital clinic visits for surgical cases will be allowed without prior authorization during the global period. Reimbursement for these visits is included in the global payment for surgery.
- o. LAC UM will obtain prior authorization for all subsequent LAC clinic visits for post-inpatient services.

Inpatient Variances

3) Pre-Op Days, Awaiting Operating (OR) Time

- a. LAC UM will notify Molina UM whenever the LOS is delayed due to OR availability. These days can be considered "hotel days" and reimbursed at a pre-determined, contracted and all-inclusive lower level of care rate.
- b. Revenue code XXX will be used at Molina in QMAC and on the LAC UB- 92 claim to identify these delayed days.

4) Members with California Children's Services (CCS) Eligible Conditions

- a. LAC UM will make complete and timely referrals to CCS for each Molina member, inpatient or outpatient, who has a potential CCS eligible condition.
- b. Molina UM will assist with the referral if additional information records are needed for the referral.
- c. If CCS opens the case and the LAC facility is NOT paneled for the level of care, Molina will coordinate the transfer of the inpatient member to a CCS paneled facility. LAC UM will cooperate in the transfer efforts.
- d. If CCS opens the case and the LAC facility is paneled for the level of care, transfer will not be required.
- e. If CCS denies inpatient or outpatient service because of non-timely referral or because of non-paneled status, Molina UM will not authorize the service.

5) Members with open CCS cases

- a. LAC UM will make complete and timely referrals to CCS for each Molina member, inpatient or outpatient, who has a potential CCS eligible condition. In so doing, LAC UM will discover whether a member has an open CCS case.
- b. Molina UM may be aware of the already opened CCS case for certain members.
- c. LAC UM and Molina UM will share knowledge of open CCS cases when these members are admitted as inpatients to LAC facilities or when these members receive outpatient services.

**Molina Healthcare Authorization for Inpatient Hospital Services
Los Angeles County (LAC) Acute Hospital Facilities**

SCHEDULE F

- d. If the LAC facility is not CCS paneled for the medical services required by the members, LAC UM will coordinate the transfer to the appropriate paneled facility with the CCS case manager.
- e. If CCS denies inpatient or outpatient services because of non-timely referral or because of non-paneled status, Molina UM will not authorize the services.

6) Incarcerated Members, Members in Law Enforcement Custody

- a. LAC UM will report to Molina UM, at the time of service, all inpatient admissions of Molina members who are incarcerated or in custody of a law enforcement agency.
- b. Molina UM will not authorize inpatient hospital services for incarcerated or in custody members.

7) Foster care members

- a. LAC UM will report to Molina UM, at the time of service, all inpatient Molina members who are currently in the county's protective custody for foster care or who are awaiting protective custody determination for foster care placement.
- b. These members are not eligible for coverage by Molina and will be disenrolled to the date of the protective custody decision.

SCHEDULE G

LOS ANGELES COUNTY LAC/USC MEDICAL CENTER P O BOX 51467 LOS ANGELES CA 90051-4647				2		3 PATIENT CONTROL NO.													
				5 FED. TAX NO.		6 STATEMENT COVER PERIOD		7 COV D.	8 NCD.	9 CID.	10 L-R D.	11							
12 PATIENT NAME				13 PATIENT ADDRESS															
14 BIRTH DATE				15 SEX	16 MS	17 ADMISSION DATE		18 DATE OF INTERVIEW	19 DATE OF BIRTH	20 DATE OF DEATH	21 D HR 22 STAT		23 MEDICAL RECORD NO.		24 CONVENTION CODES		25		
F M S				072305	10	1			12	01							91		
26 OCCURRENCE DATE				27 OCCURRENCE CODE	28 OCCURRENCE DATE	29 OCCURRENCE CODE	30 OCCURRENCE DATE	31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE	39 OCCURRENCE CODE	40		
41				42				43				44				45			
46				47				48				49				50			
51				52				53				54				55			
56				57				58				59				60			
61				62				63				64				65			
66				67				68				69				70			
71				72				73				74				75			
76				77				78				79				80			
81				82				83				84				85			
86				87				88				89				90			
91				92				93				94				95			
96				97				98				99				100			
101				102				103				104				105			
106				107				108				109				110			
111				112				113				114				115			
116				117				118				119				120			
121				122				123				124				125			
126				127				128				129				130			
131				132				133				134				135			
136				137				138				139				140			
141				142				143				144				145			
146				147				148				149				150			
151				152				153				154				155			
156				157				158				159				160			
161				162				163				164				165			
166				167				168				169				170			
171				172				173				174				175			
176				177				178				179				180			
181				182				183				184				185			
186				187				188				189				190			
191				192				193				194				195			
196				197				198				199				200			
201				202				203				204				205			
206				207				208				209				210			
211				212				213				214				215			
216				217				218				219				220			
221				222				223				224				225			
226				227				228				229				230			
231				232				233				234				235			
236				237				238				239				240			
241				242				243				244				245			
246				247				248				249				250			
251				252				253				254				255			
256				257				258				259				260			
261				262				263				264				265			
266				267				268				269				270			
271				272				273				274				275			
276				277				278				279				280			
281				282				283				284				285			
286				287				288				289				290			
291				292				293				294				295			
296				297				298				299				300			
301				302				303				304				305			
306				307				308				309				310			
311				312				313				314				315			
316				317				318				319				320			
321				322				323				324				325			
326				327				328				329				330			
331				332				333				334				335			
336				337				338				339				340			
341				342				343				344				345			
346				347				348				349				350			
351				352				353				354				355			
356				357				358				359				360			
361				362				363				364				365			
366				367				368				369				370			
371				372				373				374				375			
376				377				378				379				380			
381				382				383				384				385			
386				387				388				389				390			
391				392				393				394				395			
396				397				398				399				400			
401				402				403				404				405			
406				407				408				409				410			
411				412				413				414				415			
416				417				418				419				420			
421				422				423				424				425			
426				427				428				429				430			
431				432				433				434				435			
436				437				438				439				440			
441				442				443				444				445			
446				447				448				449				450			
451				452				453				454				455			
456				457				458				459				460			
461				462				463				464				465			
466				467				468				469				470			
471				472				473				474				475			
476				477				478				479				480			
481				482				483				484				485			
486				487				488				489				490			
491				492				493				494				495			
496				497				498				499				500			
501				502				503				504				505			
506				507				508				509				510			
511				512				513				514				515			
516				517				518				519				520			
521				522				523				524				525			
526				527				528				529				530			
531				532				533				534				535			
536				537				538				539				540			
541				542				543				544				545			
546				547				548				549				550			
551				552				553				554				555			
556				557				558				559				560			
561				562				563				564				565			
566				567				568				569				570			
571				572				573				574				575			
576				577				578				579				580			
581				582				583				584				585			
586				587				588				589				590			
591				592				593				594				595			
596				597				598				599				600			
601				602				603				604				605			
606				607				608				609				610			
611				612				613				614				615			
616				617				618				619				620			
621				622				623				624				625			
626				627				628				629				630			
631				632				633				634				635			
636				637				638				639				640			
641				642				643				644				645			
646				647				648				649				650			
651				652				653				654				655			
656				657				658				659				660			
661				662				663				664				665			
666				667				668				669				670			
671				672				673				674				675			
676				677				678				679				680			
681				682				683				684				685			
686				687				688				689				690			
691				692				693				694				695			
696				697				698				699				700			
701				702				703				704				705			
706				707				708				709				710			
711				712				713				714				715			
716				717				718				719				720			
721				722				723				724				725			
726				727				728				729				730			
731				732				733				734				735			
736				737				738				739				740			
741				742				743				744				745			
746				747				748				749				750			
751				752				753				754				755			
756				757				758				759				760			
761				762				763				764				765			
766				767				768				769				770			
771				772				773				774				775			
776				777				778				779				780			
781				782				783				784				785			
786				787				788				789				790			
791				792				793				794				795			
796				797				798				799				800			
801				802				803				804				805			
806				807				808				809				810			
811				812				813				814				815			
816				817				818				819				820			
821				822				823				824				825			
826				827				828				829				830			
831				832				833				834				835			
836				837				838				839				840			
841				842				843				844				845			
846				847				848				849				850			
851				852				853				854				855			
856				857				858				859				860			
861				862				863				864				865			
866				867				868				869				870			
871				872				873				874				875			
876				877				878				879				880			
881				882				883				884				885			
886				887				888				889				890			
891				892				893				894				895			
896				897				898				899				900			
901				902				903				904				905			
906				907				908				909				910			
911																			